

MAXIMUS FEDERAL SERVICES, INC.  
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4275

Received  
12/28/2020  
Pacific Workers'  
MAXIMUS  
Federal Services



MAXIMUS  
Case  
Number:



CM20-0178015

Document  
Type  
Requested:



Medical Records

Participant:



PRTIDCLAIMS ADMINISTRATOR

Notice of  
Assignment  
sent:

December 21, 2020

## **IMPORTANT!**

**Attach this page to any documents sent to  
MAXIMUS regarding this case.**

Documents sent without this cover page may not get  
attached to this case.

Please indicate the document type attached  
(Medical records, settlement letter, etc.)

Document(s): \_\_\_\_\_

Do not include information regarding another case with this cover page.

December 22, 2020

Maximus Federal Services, Inc.  
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009

<b>Re:</b>	<b>Claimant:</b>	<b>Jonathan Shockley</b>
	<b>Claim #:</b>	040519008736
	<b>DOI:</b>	02/15/2019
	Date of UR Decision:	11/20/2020
	<b>IMR Application Received:</b>	12/17/2020
	Maximus Case Number:	CM20-0178015

Dear MAXIMUS Federal Service:

Pursuant to the Notification dated 12/21/20 we hereby submit the following documentation in compliance with LC 4610.5 and CCR 9792.10.4:

- Babak Jamasbi MD: RFA 11.13.20, Report 11.6.20, IMR 9.24.20, RFA 11.9.20, Report 11.6.20, RFA 7.13.20, Report 7.10.20, RFA 7.14.20, RFA 9.29.20, Report 9.25.20, RFA 9.11.20, RFA 9.8.20, Report 9.4.20, RFA 9.8.20, Report 7.10.20, RFA 8.13.20, Report 8.7.20, RFA 8.11.20, Report 8.7.20, RFA 6.19.20, Report 6.12.20, RFA 6.3.20, Report 5.29.20, RFA 6.4.20, RFA 4.27.20, Report 4.24.20
- Leonard Gordon MD: Report 7.22.20
- Script 5.20.20, Script 4.28.20
- Non-Cert 11.20.20, Cert 11.13.20, Cert 10.5.20, Cert 9.28.20, Cert 9.17.20, Cert 9.15.20, Cert 9.2.20, Cert 8.17.20, Non-Cert 7.21.20, Claims Auth 6.23.20, Cert 6.11.20, Cert 6.10.20, Cert 5.1.20
- RFA Deferrals: 6.23.20, 6.8.20, 5.26.20
- UR Deferrals: 8.18.20, 6.8.20
- UR History Report

As requested, I have attached the provider's request for treatment and the clinical information. I believe that we have responded to your request; however, should you have any additional questions, please do not hesitate to contact us.

Sincerely,

Utilization Review Department  
714-385-8500  
GM-ORCA-IMR\_NOA@corvel.com

Cc:

Farber & Co  
333 Hegenberger Road #504  
Oakland CA 94621

Colantoni, Collins, Marren, Phillips and Tulk  
201 Spear Street #1100  
San Francisco CA 94105

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4275

**Notice of Assignment and Request for Information**

1471

MARIO CASTRO

CHUBB &amp; SON (WC) - LOS ANGELES, CA

PO BOX 30850

LOS ANGELES, CA 90030

December 21, 2020

<b>IMR Case Number:</b>	CM20-0178015	<b>Date of Injury:</b>	02/15/2019
<b>Claims Number:</b>	040519008736	<b>UR Denial Date:</b>	11/20/2020
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	12/17/2020
<b>Employee Name:</b>	JONATHAN SHOCKLEY		
<b>Provider Name:</b>	BABAK JAMASBI MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	1. THERAPY: ACUPUNCTURE X6 FOR CERVICAL SPINE, BILATERAL UPPER ARMS, RIGHT FOREARM, ULNAR NERVE LESION FOR		

Dear Parties:

The California Department of Industrial Relations' Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

**Injured Workers or their Appointed Representatives:**

- You may provide any documents in support of your request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.
- You should also expect to receive within 15 days of the date of this notice either copies or a list of the documents submitted to us by the Claims Administrator.

**Treating Providers:**

- You may provide any documents in support of your patients request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.

**Claims Administrators:**

- You must provide MAXIMUS Federal Services with copies of all documents listed on Attachment A (enclosed) within 15 days of the date of this notice.
- If you provide to us copies of documents that you have not previously provided to the Injured Worker, you must provide copies to the Injured Worker now.



- Received  
12/28/2020  
Pacific Workers
- If copies of the documents have previously been provided to the Injured Worker, you are now required to send to the Injured Worker only a list of the documents being provided to us.
  - To help us with our medical record review process, please also provide us with a list of the documents you are submitting to MAXIMUS Federal Services.
  - If you contend there are grounds upon which this request for IMR should be deemed ineligible, please submit documentation supporting your contention with your response to this request for information. Please note, however, that any objections to IMR eligibility do not relieve you of the statutory requirement to submit the documents set forth in Attachment A. You should therefore submit objections to IMR eligibility in addition to – not in place of – the documents requested by and through this letter.

**How to submit documents:**

- (1) Facsimile to (916) 605-4275;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service.

For U.S Postal Service Use  
MAXIMUS Federal Services  
Independent Medical Reviews  
P.O. Box 138009  
Sacramento, CA 95813-8009

For Delivery Service Use  
MAXIMUS Federal Services  
Independent Medical Reviews  
625 Coolidge Drive, Suite 100  
Folsom, CA 95630-3198

**BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.**

**What Happens Next?** Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within **45 days** from the date of this notice.

Additional information regarding the independent medical review process is available online at <http://www.dir.ca.gov/dwc/IMR.htm>

Encl

**ATTACHMENT A:**  
**DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR**

(1) A copy of all of the employee's medical records, within six months prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:

- (A) The employee's current medical condition;
- (B) The medical treatment being provided by the employer;
- (C) The disputed medical treatment requested by the employee; and
- (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.

(2) Other relevant documents:

- (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
- (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
- (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
- (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
- (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

**Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.**

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## Non-Certification Recommendation

**CLAIM #:** 040519008736      **INSURED:** Biotelemetry, Inc. / Chubb & Son (WC) - Los Angeles, CA  
**DOI:** 02/15/2019      **CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley      **ADJUSTER:** Mario Castro  
**CORVEL #:** 139249073-UMO-34

**Determination Date:** 11/20/2020  
**RFA Received Date:** 11/13/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-34

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, Avrom Gart, MD, CA-G59372, who is board certified in Pain Medicine (Board Certified), PM&R (Board Certified), was unable to recommend the requested treatment. The non-certification decision was made on 11/20/2020.

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	
Requested	Acupuncture	6	0	0	Cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	6	0	0	Cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb	97813, 97814, 97026, 97124	11/20/20	11/20/21		

Guidelines used in the determination process: MTUS-ACOEM-ODG. The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached. Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the

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injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator, You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Anastasia Skenandore RN, CCM  
Utilization Management Department

cc: Office Copy  
Mario Castro  
Jonathan Shockley  
Farber & Co  
Colantoni, Coll Marren, Phillips and  
Hulbert, Barbara

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.*

State of California, Division of Workers' Compensation  
**APPLICATION FOR INDEPENDENT MEDICAL REVIEW**  
DWC Form IMR

**TO REQUEST INDEPENDENT MEDICAL REVIEW:**

1. Sign and date this application and consent to obtain medical records.
2. Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:  
DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Expedited	Modification after appeal <input type="checkbox"/>
<b>Employee Name (First, MI, Last):</b> Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number : 2019022115295475087374	EAMS Case Number (if applicable): NA
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
<b>Requesting Physician Name (First, MI, Last):</b> Babak Jamasbi, MD	
Practice Name:	Specialty:
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 647-5105
<b>Claims Administrator Name:</b> Chubb & Son (WC) - Los Angeles, CA /	
Adjuster/Contact Name: Mario Castro	
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
<b>Disputed Medical Treatment (Complete below section)</b>	
Primary Diagnosis (Use ICD Code where Practical):	
Date of Utilization Review Determination Letter: 11/20/2020	
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:	
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.	
1. Therapy : Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for	
<b>Request for Review and Consent to Obtain Medical Records</b>	
I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical reports and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.	
Employee Signature:	Date:



## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

**IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.**

**You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.**

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc.  
P.O. Box 138009, Sacramento, CA 95813-8009  
FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

### **Your Right to Provide Information**

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free 1-800-736-7401. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov). DWC Form IMR (Effective 2/2014)

**Authorized Representative Designation for Independent Medical Review  
(To accompany the Application for Independent Medical Review, DWC Form IMR)**

**Section I. To be completed by the Employee:**

Employee Name (Print):	
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I wish to designate

Name of Individual (Print):	
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to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law I can end my permission sooner if I wish.

Employee Signature:		Date:
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**Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.**

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:	
I am a/an:	
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)	
Address:	



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## Physician Peer Review

Account No: 577058.1

**Requesting Physician:** Babak Jamasbi, MD

**Patient Name:** Jonathan Shockley

DOS: 11/20/2020

DOI: 02/15/2019

Claim No: 040519008736

**Reviewing Physician:**



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**Avrom Gart, MD**

Pain Medicine (Board Certified)

PM&R (Board Certified)

CA-G59372, CO-0045996, CT-64820, LA-206746, MS-23829, NY-158934, OK-35596, TN-45545, TX-N0778

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### **REQUESTED PROCEDURE/SERVICE**

### **DETERMINATION**

- |  |             |
|--|-------------|
| 1. Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb | NON-CERTIFY |
|--|-------------|

### **TELEPHONE COMMUNICATIONS**

- 11/19/20 15:00 - Admin called (510) 647-5101 and I was unable to get a clear connection with Angela, the Medical Receptionist.
- 11/19/20 15:00 - Admin called (510) 647-5101 and I was disconnected mid-call.
- 11/19/20 15:15 - Admin called (510) 647-5101 and I was disconnected mid-call.
- 11/20/20 13:45 - Admin called (510) 647-5101 and the answering machine said the office is not accepting any calls at this time; it did not provide an option to leave a message.
- 11/20/20 13:45 - Admin called (510) 647-5101 and the answering machine said the office is not accepting any calls at this time; it did not provide an option to leave a message.

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### **MEDICAL RECORDS AND DATA REVIEWED**



City:	State:	Zip Code:
Phone Number:	Fax Number:	
State Bar Number (if applicable):		
Representative Signature:		Date:

For the current review, I reviewed the following medical records in their entirety:

11/13/20 Dr. Jamasbi RFA  
11/09/20 Dr. Jamasbi Prescription  
11/06/20 Dr. Jamasbi Report  
09/24/20 IMR Determination Letter  
07/22/20 Dr. Gordon Report  
07/21/20 Peer Review  
Utilization Review Determination Report

REQUESTED SERVICES: Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb [NON-CERTIFY]

## CLINICAL HISTORY

According to the medical records, the patient is a 42-year-old male who sustained an industrial injury on February 15, 2019. He has been diagnosed with cervical disc disorder with radiculopathy, bilateral upper arm soft tissue disorders related to use, overuse and pressure, and lesion of ulnar nerve of unspecified upper limb. His comorbidities include bronchitis, eczema, epilepsy, anxiety and sympathectomy in 2000. His previous treatments include medications, physical therapy, acupuncture, massage therapy, hand therapy, and aquatic therapy. He is a non-smoker and does not consume alcohol. The patient is not currently working. It is of note that a total of 42 sessions of acupuncture has been authorized since November 2019.

The utilization review determination report indicated that the request for 12 sessions of acupuncture for bilateral hands, lower arms, and wrists was certified on March 10, 2020. Also, the request for 12 sessions of acupuncture for bilateral lower arms was certified on June 10, 2020.

A peer review on July 21, 2020, non-certified the request for 12 sessions of acupuncture for bilateral hands, wrists and forearms, since there was no documentation of significant functional improvement with prior acupuncture.

On July 22, 2020, Dr. Gordon indicated that the patient had been sent for acupuncture treatment by Dr. Jamasbi, which provided him with temporary relief.

An IMR Final Determination Letter dated September 24, 2020, upheld the July 21, 2020, UR decision to non-certify the request of 12 sessions of acupuncture for bilateral hands, wrists and forearms, as although it was reported prior acupuncture care was beneficial in reducing symptoms, there was no documentation of medication intake reduction, or activities of daily living and range of motion improvement. After an unknown number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture. In addition, the request was for additional 12 sessions of acupuncture, a number that exceeded the guidelines significantly for continuation of care, without extraordinary circumstances documented to consider this case as an outlier to the guidelines. Additionally, there was no clear documentation indicating whether the patient was currently undergoing an independent exercise program (conditioning-aerobic-stretching exercise program based on patient's tolerance), which was required by the guidelines. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities

of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the guidelines recommendations, additional 12 sessions of acupuncture was not medically necessary.

Dr. Jamasbi performed a telemedicine evaluation (due to COVID-19 pandemic) of the patient on November 6, 2020, for pain in his arms and bilateral hands, worse on the right. The patient also complained of pain in the right deltoid region, shoulder and neck. It radiated to hands and wrists up to his elbows. The pain was associated with numbness and tingling in his right fourth and fifth digits. It was aggravated by activity and it was alleviated by conservative treatment. The patient had been attending acupuncture therapy with benefit. Massage therapy had exacerbated his pain and he had failed gabapentin that caused extreme fatigue. It was noted that the patient had been approved for 6 sessions of aqua therapy, but these were on hold since no pool was open due to the pandemic. The patient's current medications included lidocaine cream, Voltaren gel, Advil and aspirin. It was also noted that the patient had a QME with Dr. Stoller on January 23, 2020, who indicated that he was not yet maximally medically improved and had recommended upper extremity EMG and cervical spine MRI to rule out radiculopathy. An EMG on February 10, 2020, showed demyelinating ulnar mononeuropathy bilaterally across the elbow, without any evidence of median, radial or cervical radiculopathy on either side. An MRI of the cervical spine dated April 3, 2020, demonstrated a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neuroforaminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. There was severe bilateral neuroforaminal stenosis at C5-C6 that might be contributing to the right shoulder and deltoid pain.

The physician requested authorization for 6 sessions of acupuncture. The physician also recommended one refill each of Voltaren 1% gel #100 and lidocaine 5% ointment #60. The patient was to follow up in 4 weeks. The patient was placed on modified duty with work restrictions.

## RECOMMENDATIONS

In this case, the patient has been authorized for 42 sessions of acupuncture which significantly exceeds guideline recommendations of a maximum of 12 sessions. Despite a substantial amount of acupuncture, the records do not establish associated significant sustained pain relief or any quantifiable functional improvements. The patient remains off work. IMR recently determined that additional acupuncture is not medically necessary and appropriate. Therefore, my recommendation is to NON-CERTIFY the request for Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb.

## GUIDELINES / REFERENCES

CA MTUS Treatment Guidelines (December 1, 2017)

Chronic Pain Guideline (ACOEM May 15, 2017)

Allied Health Interventions

Acupuncture for Chronic Persistent Pain  
Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence – Recommended, Insufficient Evidence (I)

#### Level of Confidence – Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning.

Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Rationale: There are multiple quality trials of acupuncture for treatment of many disorders, especially of low back pain (see Low Back Disorders Guideline). There are no quality trials evaluating acupuncture for treatment of non-specific chronic persistent pain.

Evidence: There are no quality studies evaluating acupuncture for the treatment of chronic persistent pain.

#### Acupuncture/Electroacupuncture

Not Recommended.

Acupuncture or electroacupuncture are not recommended to treat neuropathic pain.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

### PHYSICIAN ATTESTATION

- This report has been dictated using Dragon Medical voice recognition software and is therefore subject to transcription variance.
- I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review, and have current relevant experience and/or knowledge to render a determination on this case under review. My license or certification is current and unrestricted. I have at least five years of accumulative full-time equivalent experience providing direct clinical care to patients over the length of my career.

- The opinions expressed in this report are those of this evaluator and were rendered on the basis of documentation provided (outlined above) and are assumed as true and correct to the best of my knowledge except that as indicated was received from others.
- I certify that I have no material, professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the healthcare provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is subject of the review; the facility at which the recommended health care service or treatment would be provided; the developer or manufacture of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is under review, or the alternative therapy, if any, recommended by the employer; the employee or the employee's immediate family, or the employee's attorney. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.
- In the case of an appeal or re-review, I certify that I have identified the name of the physician who conducted the initial review, and that I have no subordinate relationship with that individual.

## UR Check off List

ADJ RCVD: 11/13/2020	5 DAY DUE DATE: <b>11/20/2020</b>
UR RCVD: 11/13/2020	CLAIM #: 040519008736
CLAIMANT: <b>Jonathan Shockley</b>	CorVel #: 139249073-UMO-34
CM ASSIGNED: Anastasia Skenandore	Processor: Sam
Review Type: Prospective	QA Reviewer: Samantha Nguyen
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

THERAPY									
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Acupuncture	6	0	0	Left - Upper Arm, Multiple Neck Injury, Right - Lower Arm, Right - Upper Arm	97813, 97814, 97026, 97124			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 647-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

Email address: bhulbert@chubb.com

**From:** DiPillo, Amy  
**To:** GM-ORCA-UR Referrals  
**Subject:** DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736  
**Date:** Wednesday, November 18, 2020 4:22:54 PM  
**Attachments:** [201113115318743392.pdf](#)  
[image003.png](#)  
[image005.png](#)  
[image002.png](#)

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**From:** Vega, Elena <Elena\_Vega@CORVEL.com>  
**Sent:** Wednesday, November 18, 2020 4:15 PM  
**To:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Subject:** FW: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Hi Amy, please review per CO notes, thank you!

[9:35 AM] Vega, Elena

Hi Mario I am reviewing a RFA for claimant Jonathan Shockley / 040519008736

Provider is requesting acupuncture for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb.

CV shows left and right hand

Would you like us to review or defer?

[11:11 AM] Castro, Mario A  
review

Elena Vega | Utilization Review Nurse Supervisor  
**CorVel Corporation | Santa Ana**  
P 714.385.8531 | F 866.448.4076  
[Elena\\_Vega@corvel.com](mailto:Elena_Vega@corvel.com) | [www.corvel.com](http://www.corvel.com)



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**From:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Sent:** Tuesday, November 17, 2020 5:36 PM  
**To:** Vega, Elena <Elena\_Vega@CORVEL.com>  
**Subject:** FW: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

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**From:** Rodriguez, Crystal <Crystal\_Rodriguez@Corvel.com>  
**Sent:** Tuesday, November 17, 2020 11:29 AM  
**To:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Subject:** FW: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

**Biotelemetry Inc**  
**040519008736**  
CO - Mario Castro



000071738154

Biotelemetry Inc

040519008736

Jonathan Shockley

- Claimant Evaluation
- Codes & Percentage
- Indemnity
- Medical

Non-CVAC  
Claim To Suit  
Paperless File

Align Networks (Medical Co  
Biotelemetry Inc (Contact)  
Briotix Health LP (Other)  
Carpe Date (Loss Payee)  
Chubb & Son (Loss Payee)  
Colantoni & Collins (Defens  
Colantoni, Collins, Marren,  
CorVel Corporation (Medic  
Est (Other)  
Other & Company Attorn

# Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

## Claim Level Information

Claim File Status: Open  
Date of Loss: 2/15/2019  
Date Reported: 2/16/2019  
Benefit State: California  
SHI Exist: Yes  
SIU Exist: No  
Subrogation Exist: No  
Compensability Denied: No  
Date of Birth: 9/27/1978  
Adjusted AWW: 956.63  
Weekly Comp Rate: 637.76  
TTD:

## Med/Disability

Injury Sustained:  
Left and Right Hand  
  
First Day of Lost Time:  
Last Day Worked:  
Returned to Work date:  
Type of Duty Emp returned to:  
MMI Date:

## Disposition

Final Settlement:  
Represented by Attorney No

## Summary of Facts:

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

## Action Plan:

Manage treatment with Dr. Jamasbi  
Address Panel Qualified Medical Evaluation by Dr. Stoller  
Request surveillance Post Covid 19

## Snapshot

## Financial Summary

Claimant/Medical: 01-1 Jonathan Shockley / Medical

Loss Reserve: 0.00

Loss Paid-to-Date: 0.00

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

Loss Reserve: 0.00

Loss Paid-to-Date: 0.00

Last Payment:

Payee:

# Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

## Injury Sustained:

Left and Right Hand

## Defense IME:

Christian Charles Colantoni  
Colantoni, Collins, Marren, Phillips and Tulk  
201 Spear Street  
Suite 1100

☐ Employee taken to Emergency Room within 24 hrs of injury

☐ Other medical treatment within 24 hours

Impairment Disability %: 0.00

Impairment % Basis Code: <None>

Surgery? <None>

## Claimant IME:

Farber & Co  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621  
510-444-2512

Represented By No  
Attorney:

## Permanency:

## Disability Analysis:

Pharmacy Card: ☒ Active ☐ Inactive

Ex Pay: ☐ Active ☒ Inactive

## Medical Status:

Hand Center of San Francisco  
Patrick O Lang MD  
601 Van Ness Ave. Ste. 2018  
San Francisco, CA 94102

Co-Morbidity Factors: \*None

NC/TCM Savings

Return to Work



Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

[Crystal\\_Rodriguez@CorVel.com](mailto:Crystal_Rodriguez@CorVel.com) | [www.Corvel.com](http://www.Corvel.com)

For status or questions about a referral email [urstatus@corvel.com](mailto:urstatus@corvel.com)

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**From:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>

**Sent:** Friday, November 13, 2020 4:41 PM

**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>

**Subject:** DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Reference Number : UMR-26568773

Phuong Herrera | Adminstrative Assistant

Corvel Corporation | Santa Ana, CA

[Phuong\\_herrera@corvel.com](mailto:Phuong_herrera@corvel.com) | [www.corvel.com](http://www.corvel.com)

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**From:** Dipillo, Amy jo <[Amyjo.Dipillo@Chubb.com](mailto:Amyjo.Dipillo@Chubb.com)>

**Sent:** Friday, November 13, 2020 2:14 PM

**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>

**Subject:** RFA therapy: Jonathan Shockley / 040519008736

**WARNING:** This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: [Amyjo.Dipillo@Chubb.com](mailto:Amyjo.Dipillo@Chubb.com)

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**From:** Fax2Mail <[fax-1841185@reply.fax2mail.com](mailto:fax-1841185@reply.fax2mail.com)>

**Sent:** Friday, November 13, 2020 8:54 AM

**To:** Laourclaimfax Admin <[laourclaimfax@chubb.com](mailto:laourclaimfax@chubb.com)>

**Subject:** Jonathan Shockley / 040519008736

You have received a document.

Sender's Name: abarliso

Sender's Caller ID: 18889772986

Date/Time: Fri 13 Nov 2020 11:53:11 AM EST

Number of Pages: 21

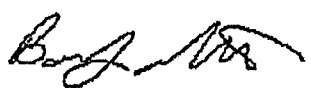


State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <span style="float: right;"><input type="checkbox"/> Resubmission – Change in Material Facts</span>				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Angela for Jhon A.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	6 sessions of acupuncture	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS  
Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 11/13/2020 at 08:28 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169

**Nurse Case Manager (if applicable):**



## **Pain & Rehabilitative**

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### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

**Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Julia Fellows, PA-C**

**Encounter Date: Nov 06, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 42 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is presents via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy but these are currently on hold as no pool facility is open due to COVID 19. Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied on appeal.

He met with Dr. Gordon for a surgical consult on 7/22/20. We have this report for review today.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Patient reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However this caused extreme fatigue which he still feels is occurring. Due to the fatigue, the patient he had some bloodwork done that showed elevated TSH. He attributes this elevation in TSH to his use of gabapentin and inquires about having this level repeated. This is discussed below.

## **Medical History:**

\*\*\*

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

\*\*\*



### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

### **Family History:**

#### **\*\*\* FAMILY HISTORY**

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

### **OBJECTIVE FINDINGS:**

**2014 E/M:**

#### **Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed..

#### **Orientation:**

Patient is alert and oriented x3..

#### **Mood and Affect:**

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

#### **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

### **FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of acupuncture 97813, 97814, 97026, 97124

Please submit as a change in material facts and attach Dr. Gordon's consult located in IMS documents.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

**1 Voltaren 1% Gel** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update sig

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1

**TREATMENT PLAN:**

\*\*\*

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and this requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presence of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presence of ulnar neuropathy. We do not have this report for review.

- Given that Dr. Gordon does not recommend a surgical intervention, we will resubmit for acupuncture with a change in material facts with his report attached.

- He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. These are currently on hold due to COVID19.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was



deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

-QME with Dr. Stoller has been postpone until 1/2021.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. Patient states that he was recently let go from his employer.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving however so we will not be ordering a repeat level at this time.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

#### Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

#### **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify,

delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the

information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Lidoderm Patch:** The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain  
Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localized peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial,

randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician

assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**Followup:**

4 Week(s)

**CC:**

Kweller, Esq., Zachary : 11/09/2020

Castro, Mario : 11/09/2020

UR, Chubb : 11/09/2020

Kweller, Esq., Zachary : 11/13/2020

Castro, Mario : 11/13/2020

UR, Chubb : 11/13/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 11/09/2020



10/30/2020 02:11PM 14159231036

HAND&MICROSURGERY

Received  
12/28/2020  
Pacific Workers PAGE 01/04

RECEIVED 10/30/2020 11:46AM 14159231036  
Oct. 30. 2020 11:47AM Pain and Rehab

HAND&MICROSURGERY

No. 4144 P. 1/1



**Pain & Rehabilitative  
CONSULTANTS MEDICAL GROUP**

**BABAK J JAMASBI, MD, FACPM**  
Board Certified Pain Medicine & Anesthesiology

**BRENDAN P MORLEY, MD, FACPM**  
Board Certified Pain Medicine & Anesthesiology

**TIMOTHY S LO, MD, MPH**  
Board Certified in Neurology, Pain Medicine, Medical  
Acupuncture, QME, Electrodiagnostic Medicine

**ARZHAM ZERESHKI, MD**  
Board Certified in Pain Medicine, Physical Medicine &  
Rehabilitation, QME

**NEIL KAMDAK, MD**  
Board Certified Pain Medicine & Anesthesiology

**JOHN ALCHEMY, MD, DABFP, QME**  
Board Certified in Family Medicine

**CALLUM EASTWOOD, PSY.D.**  
Senior Director of Behavioral Medicine

**MARIEL BARCEBAL, PSY.D.**  
Clinical Psychologist

**GABRIELLE REIMAN, PSY.D.**  
Clinical Psychologist

**KATHERINE KIMSEY, MFT, EdD**  
Clinical Psychologist

**MARK PHILLIPS, PA**  
Physician Assistant

**SUSIE PAIK, PA-C**  
Physician Assistant

**DONNY CHO, PA-C**  
Physician Assistant

**JULIA FELLOWS, PA-C**  
Physician Assistant

**THRISHA KASHINATH, PA-C**  
Physician Assistant

**SHOHREH SEMATI, RN, MSN, FNP-BC**  
Family Nurse Practitioner

**ROBERT ESTIS, PA**  
Physician Assistant

**Reply To:**

EMERYVILLE OFFICE

1235 STANFORD AVENUE

EMERYVILLE, CA 94608

(F) 510-647-5101 - (F) 510-647-5105

**Other Offices:**

CASTRO VALLEY

SAN FRANCISCO

WALNUT CREEK

ROHNERT PARK

MANTECA

**FAX COVER SHEET**

DATE: 10/30/20

TO: Dr. Leonard Gordon

FROM: Nette

Recipient's Phone: 1(415) 923-0992

Fax: 1(415) 923-1036

Total # of Pages including cover: 1

**Notes/Comments:**

Hello,

Our office is requesting the  
report for surgical consult and  
progress notes for

Patient: Shackley, Jonathan  
DOB: 9/27/78

Please fax records to (510) 647-5105

Thank you,  
Nette ext. 123

*This communication and any files transmitted with it may contain information that is confidential, privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any use, dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and destroy the related communication.*

*You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.*

*P.S. This was faxed  
over on 9/11/20 to you  
@ 510 647 5105*

*4 pgs  
10/30/20*

# Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

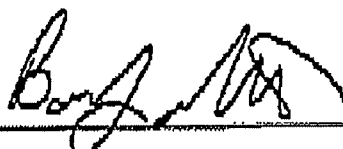
Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley 09/27/1978 Date 11/09/2020

Address 1000 Sutter St Room 123 San Francisco, CA 94109

R 6 sessions of acupuncture 97813, 97814, 97026, 97124  
M70.832 Other soft tissue disorders related to use, overuse  
and pressure, left forearm  
M70.831 Other soft tissue disorders related to use, overuse  
and pressure, right forearm  
M70.822 Other soft tissue disorders related to use, overuse  
and pressure, left upper arm  
M70.821 Other soft tissue disorders related to use, overuse

Refill	
--------	--



☐ Do Not Substitute  
M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520





*Hand & Microsurgery Medical Group, Inc.*

Leonard Gordon, M.D.  
Joshua Gordon, M.D.

2298 POST STREET, SUITE 103  
SAN FRANCISCO, CA 94115  
TEL: (415) 923-0992  
FAX: (415) 923-1036

HAND & WRIST SURGERY  
UPPER EXTREMITY SURGERY  
MICROSURGERY  
INDUSTRIAL INJURIES  
MEDICAL - LEGAL

July 22, 2020

Mario Castro, Adjuster  
Chubb Insurance  
P.O. Box 42065  
Phoenix, AZ 85080-2065

Pacific Workers' Compensation Law Center  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621

RE: Jonathan Shockley  
CLAIM #: 040519008736

Dear Gentilepersons:

Jonathan Shockley was seen and examined in my office on 7/22/2020 for the purposes of an orthopaedic hand surgery consultation.

**IDENTIFICATION AND WORK HISTORY:**

Jonathan Shockley is a 41-year-old, right-hand dominant EKG technician employed at Biotelemetry, Inc., where he worked from June of 2018 until June of 2019.

He worked forty hours a week. He did great deal of extremely repetitive work on a keyboard.

**PAST MEDICAL HISTORY:**

The patient has no diabetes, thyroid disease, rheumatoid or other arthritis, or systemic illness.

Patient Name: SHOCKLEY, JONATHAN  
Chart Number: 285830  
Claim Number: 040519008736  
DOB: 09-27-1978  
Date of Visit: 07-28-2020

## **HISTORY:**

The patient provided me with the following history. He states that on 2/15/2019, he noted pain in his right hand and then the left, especially with use of the mouse. He made some ergonomic changes and moved to a pedal with no improvement.

He was treated by Dr. Lane and taken off work, and he was diagnosed with a repetitive stress injury. He was sent for extensive therapy with no improvement, and he was assessed as permanent and stationary in July of 2019.

He then was referred to Dr. Jamasbi and continued off work, and he had a QME by Dr. Stoller in October of 2019. An electrodiagnostic study was done which showed ulnar neuropathy at both elbows and a question of a radiculopathy at C6-7.

Dr. Jamasbi sent him for acupuncture treatment with temporary relief. He was also sent for massage, and he states he is concerned that the massage in fact made him worse, especially on the right side.

He presents at this time for surgical consultation.

No other treatment has been rendered.

## **CURRENT COMPLAINTS:**

Currently, the patient has generalized pain in the extremities that is poorly localized.

He does not have any specific symptoms at night.

He has pain around the shoulder radiating distally.

There are no localizing features.

He states he does have a tremor in the hand.

## **PHYSICAL EXAMINATION:**

Examination was limited to the right and left upper extremities as follows:

There is a full, normal range of motion of the fingers, thumbs, wrists, and elbows.

The sensation is intact in all the fingers.

The Tinel's sign is negative over the median and ulnar nerves at the wrist and the elbow and particularly at the right and left elbows.

There is no evidence of nerve entrapment.

Patient Name: SHOCKLEY, JONATHAN  
Chart Number: 285830  
Claim Number: 040519008736  
DOB: 09-27-1978  
Date of Visit: 07-28-2020

The elbow flexion test is negative.

The Phalen's test is negative.

#### DIAGNOSIS:

Repetitive Stress injury, right hand (M70.941) and Repetitive stress injury left hand. (M70.942).

#### ASSESSMENT:

Mr. Shockley appears to have repetitive stress as far as his right and left upper extremities are concerned.

I can find no evidence for nerve entrapment, despite the fact that the electrodiagnostic study at both elbows shows cubital tunnel syndrome. The provocative tests do not indicate that to be the case. I am unable to confirm this, and there are no localizing features.

I do not find any other problem, other than a nonspecific cumulative trauma in the extremities.

There is a question of a nerve problem in the neck with a question of radiculopathy, although this radiculopathy was at the C6-7 level and the patient's symptoms of the cubital tunnel and ulnar side of the hand primarily would be C8-T1. That said, I would leave it up to Dr. Jamasbi and a neck specialist to assess whether there are neck problems, although the extremity problems do not appear to arise from the neck.

I do not feel, therefore, that there are any surgical options that would be helpful. If anything changes, I would be pleased to reassess this.

Please let me know if I can provide any further information or assistance.

I declare under penalty of perjury that I have not violated the provision of California Labor Code Section 139.9 and that the contents of the report are true and correct to the best of my knowledge.

Signed this 28th day of July, 2020, at San Francisco County, California.

Yours sincerely,

  
\_\_\_\_\_  
Leonard Gordon, MD

LG/jl

## Post Street Orthopedic &amp; Sports Medicine

# Fax

**To:** Nettie w/Pain & Rehab**From:** June Valdez**Fax:** 15106475105**Pages:** 1**Phone:****Date:** 9/11/2020**Re:****cc:**

Hello Nettie,

Happy Friday! Please see the requested medical records for Jonathan.

He was seen only once.

Thank you,

June

---

This fax is covered by the Electronic Communications Privacy Act, 18 U.S.C. Section 2510-2521 and is legally privileged. This message may contain confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient(s), or the employee or agent responsible for delivery of this message to the intended recipient(s), you are hereby notified that any dissemination, distribution or copying of this fax message is strictly prohibited. If you have received this message in error, please immediately notify the sender and destroy this fax.



*Hand & Microsurgery Medical Group, Inc.*

Leonard Gordon, M.D.  
Joshua Gordon, M.D.

2299 POST STREET, SUITE 103  
SAN FRANCISCO, CA 94115  
TEL: (415) 923-0992  
FAX: (415) 923-1036

HAND & WRIST SURGERY  
UPPER EXTREMITY SURGERY  
MICROSURGERY  
INDUSTRIAL INJURIES  
MEDICAL - LEGAL

July 22, 2020

Mario Castro, Adjuster  
Chubb Insurance  
P.O. Box 42065  
Phoenix, AZ 85080-2065

Pacific Workers' Compensation Law Center  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621

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Chart Number: 285830  
Claim Number: 040519008736  
DOB: 09-27-1978  
Date of Visit: 07-28-2020

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Please let me know if I can provide any further information or assistance.

I declare under penalty of perjury that I have not violated the provision of California Labor Code Section 139.9 and that the contents of the report are true and correct to the best of my knowledge.

Signed this 28th day of July, 2020, at San Francisco County, California.

Yours sincerely,



Leonard Gordon, MD

LG/jl

**Independent Medical Review Final Determination Letter**

Dated: 09/24/2020

72

BABAK JAMASBI MD

PRCMG

1335 STANFORD AVE

EMERYVILLE, CA 94608

IMR Case Number:	CM20-0115160	Date of Injury:	02/15/2019
Claim Number:	040519008736	UR Denial Date:	07/21/2020
Priority:	STANDARD	Application Received:	08/17/2020
Employee Name:	JONATHAN SHOCKLEY		
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in Dispute Listed on IMR Application:			
1. 12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL HANDS, WRISTS, AND FOREARMS			

DEAR BILAL KASSEM,

On 08/20/2020, your request for an Independent Medical Review ("IMR") of the above workers' compensation case was assigned to MAXIMUS Federal Services. As of the date of this letter, the IMR is now completed. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

MAXIMUS Federal Services

cc: Department of Industrial Relations, CHUBB & SON (WC) - LOS ANGELES, CA,  
BABAK JAMASBI MD

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:

### Claims Administrator

Provider Name	Dates of Service From	Dates of Service To
Express Scripts	03/25/2020	05/20/2020
Pain & Rehabilitative Consultants Medical Group	01/10/2020	07/14/2020

### Rep of Injured Worker

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	10/21/2019	07/10/2020

### Provider

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	04/24/2020	09/04/2020
Remedy Medical Group	02/10/2020	

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer.

The expert reviewer:

- has no affiliation with the employer, employee, providers or the claims administrator;
- has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice;
- was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/service;
- is familiar with governing laws and regulations;
- applied the MTUS Medical Evidence Search Sequence and MTUS Methodology for Evaluating Medical Evidence where appropriate; and
- has the following credentials:
  - State(s) of Licensure: California
  - Certification(s)/Specialty: NA-Oriental Medicine

## CLINICAL CASE SUMMARY

The following clinical case summary was developed based on a review of the case file, including all medical records:

This is a 41 year old male who sustained an industrial injury on 2/15/2019. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disorder with radiculopathy, other soft tissue disorders related to use, overuse and pressure of the

bilateral upper arms and right forearm and lesion of ulnar nerve of unspecified upper limb. Per the progress note dated 7/10/2020, the injured worker is not currently working.

Prior diagnostic testing included MRI of the cervical spine.

Previous treatment has included acupuncture (amount unclear), massage therapy and medication. Medications include Lidocaine cream, Advil and Voltaren gel.

In a progress report dated 7/10/2020 (telemedicine), the injured worker reported pain in both hands and wrists radiating up to the elbows. The injured worker also complained of pain in the neck and right shoulder. The pain was described as burning and pulling. The injured worker reported numbness and tingling going into the right fourth and fifth digits. The pain was reduced from 4-5/10 to 2-3/10 for 2-3 days with acupuncture. The physical examination revealed the injured worker to be alert and oriented. The treatment plan included refill of Lidocaine 5% ointment and Voltaren 1% gel and 12 sessions of acupuncture for the bilateral hands, wrists, and forearms.

The request for authorization dated 7/14/2020 was for 12 sessions of acupuncture for the bilateral hands, wrists, and forearms.

The utilization review dated 7/21/2020 non-certified the request for acupuncture for the bilateral hands, wrists, and forearms for 12 sessions.

### IMR DECISION SUMMARY

1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions

Uphold UR decision

### IMR DECISION(S) AND RATIONALE(S)

**1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions is not medically necessary and appropriate.**

#### UR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines.

#### IMR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines, Section(s): Chronic Persistent Pain and Chronic Pain Syndrome.

#### IMR Rationale:

This 41-year-old male sustained an injury to both upper extremities on 2/15/19. Prior treatment included massage, activity modifications, and topical-oral medication. Additionally, there is a history of prior acupuncture care performed (undocumented number of sessions were rendered on unspecified dates with reported temporary gains described as "pain was reduced from 4-5/10 to 2-3/10 for 2-3 days").

In a report dated 7/10/20 (telemedicine follow up to due to COVID 19) it was documented neck, right shoulder, wrists-hands pain, radiating up to the elbows, rated 4-5/10. A limited physical exam was performed: gait is narrow. The treatment plan included additional acupuncture x 12 for the both forearms-wrists-hands. Work status: modified duties recommended, not currently working.

The request for authorization dated 7/14/20 for further acupuncture x 12 was not certified by the utilization review dated 7/21/20.

Based on the MTUS-guidelines, the acupuncture frequency/duration recommendations note: An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures to justify an additional 6 sessions, for a total of 12 sessions.

The MTUS-guidelines note that additional treatments should only occur based on progressively greater, incremental objective gains. The same guidelines indicate that passive care (acupuncture) should be combined with active care (conditioning-aerobic-stretching exercise program). Indications for care discontinuation: resolution, intolerance, lack of measurable

improvements or non-compliance including non-compliance with aerobic and strengthening exercises.

Although it was reported prior acupuncture care as beneficial in reducing symptoms, it was not documented medication intake reduction, or activities of daily living and range of motion improvement. After an unknown number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture.

In addition, the request is for additional acupuncture x 12, a number that exceeds significantly the guidelines for continuation of care, without extraordinary circumstances documented to consider this case as an outlier to the MTUS-guidelines.

Additionally, there is no clear documentation indicating whether the patient is currently undergoing an independent exercise program (conditioning-aerobic-stretching exercise program based on patient's tolerance), which is required by the MTUS-guidelines.

Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the MTUS-guidelines recommendations, additional acupuncture x 12 is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

## UR Check off List

ADJ RCVD: 11/09/2020	5 DAY DUE DATE: 11/17/2020 ** 11/11 = Fed Holiday
UR RCVD: 11/11/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-33
CM ASSIGNED: Wendy Judd	Processor: Phuong Herrera
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Voltaren 1% Gel	#100	1	No			
Requested		Lidocaine 5% ointment	#60	1	No			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 647-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

Email address: bhulbert@chubb.com



Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

**From:** DiPillo, Amy  
**To:** GM-ORCA-UR Referrals  
**Subject:** DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley  
**Date:** Friday, November 13, 2020 6:30:21 AM  
**Attachments:** [201109190615785623.pdf](#)  
[201109190615785623.pdf](#)  
[image004.png](#)  
[image005.png](#)  
[image002.png](#)

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**From:** Vega, Elena <Elena\_Vega@CORVEL.com>  
**Sent:** Thursday, November 12, 2020 4:05 PM  
**To:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Subject:** FW: ASSIGN TO ELENA-BODY PARTS\*\* DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

Hello, please review per CO notes:

[3:07 PM] Vega, Elena  
Hi Mario I am reviewing a RFA for claim # 040519008736 Jonathan Shockley Provider is requesting medication for cervical spine, bilateral upper arms, right forearm lesion ulnar lesion  
CV shows left and right hand.  
Would you like us to review or defer?

[3:08 PM] Castro, Mario A  
review

Thanks!

Elena Vega | Utilization Review Nurse Supervisor  
CorVel Corporation | Santa Ana  
P 714.385.8531 | F 866.448.4076  
[Elena\\_Vega@corvel.com](mailto:Elena_Vega@corvel.com) | [www.corvel.com](http://www.corvel.com)



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**From:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Sent:** Thursday, November 12, 2020 11:55 AM  
**To:** Vega, Elena <Elena\_Vega@CORVEL.com>  
**Subject:** FW: ASSIGN TO ELENA-BODY PARTS\*\* DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

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**From:** Perez, Erika <Erika\_Perez@Corvel.com>  
**Sent:** Thursday, November 12, 2020 11:41 AM  
**To:** DiPillo, Amy <Amy\_DiPillo@Corvel.com>  
**Subject:** ASSIGN TO ELENA-BODY PARTS\*\* DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

Reference Number : UMR-26557426

CO - Mario Castro

000071738154

Biotelemetry Inc  
040519008735

Jonathan Shockley

Claimant Evaluation

Codes & Percentage

Indemnity

Medical

Non-CVAC

Claim To Suit

Paperless File

Align Networks (Medical Co)

Biotelemetry Inc (Contact)

Briotix Health, LP (Other)

Came Data (Loss Payee)

Chubb & Son (Loss Payee)

Colantoni & Collins (Defense)

Colantoni, Collins, Marren,

CorVel Corporation (Medical)

Esi (Other)

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

Claim Level Information

Med/Disability

Claim File Status: Open

Date of Loss: 2/15/2019

Date Reported: 2/16/2019

Benefit State: California

SHI Exist: Yes

SIU Exist: No

Subrogation Exist: No

Compensability Denied: No

Date of Birth: 9/27/1978

Adjusted AWW: 956.63

Weekly Comp Rate- TTD: 637.76

Injury Sustained: Left and Right Hand

First Day of Lost Time:

Last Day Worked:

Returned to Work date:

Type of Duty Emp returned to:

MMI Date:

Disposition

Final Settlement:

Represented by Attorney No

Summary of Facts:

Snapshot

Financial Summary

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

Action Plan:

Manage treatment with Dr. Jamasbi

Address Panel Qualified Medical Evaluation by Dr. Stoller

Request surveillance Post Covid 19

Claimant/Medical: 01-1 Jonathan Shockley / Medical

Loss Reserve: 0.00

Loss Paid-to-Date: 0.00

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

Loss Reserve: 0.00

Loss Paid-to-Date: 0.00

Last Payment:

Payee:

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

Injury Sustained:

Left and Right Hand

Defense IME:

Christian Charles Colantoni

Colantoni, Collins, Marren, Phillips and Tulk

201 Spear Street

Suite 1100

Employee taken to Emergency Room within 24 hrs of injury

Other medical treatment within 24 hours

Impairment Disability %: 0.00

Impairment % Basis Code: <None>

Surgery? <None>

Claimant IME:

Farber & Co

333 Hegenberger Road, Suite 504

Oakland, CA 94621

510-444-2512

Represented By No

Attorney:

Disability Analysis:

Permanency:

Pharmacy Card: Active Inactive

Ex Pay: Active Inactive

Medical Status:

Hand Center of San Francisco

Patrick O Lang MD

601 Van Ness Ave. Ste. 2018

San Francisco, CA 94102

Co-Morbidity Factors: \*None

HC/TCM Savings

Phuong Herrera | Administrative Assistant  
Corvel Corporation | Santa Ana, CA  
[Phuong\\_herrera@corvel.com](mailto:Phuong_herrera@corvel.com) | [www.corvel.com](http://www.corvel.com)

**From:** Ventura, Maria <[Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)>  
**Sent:** Monday, November 9, 2020 5:25 PM  
**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>  
**Subject:** DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: [Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)

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**From:** Fax2Mail <[fax-1841185@reply.fax2mail.com](mailto:fax-1841185@reply.fax2mail.com)>  
**Sent:** Monday, November 9, 2020 4:07 PM  
**To:** Laourclaimfax Admin <[laourclaimfax@chubb.com](mailto:laourclaimfax@chubb.com)>  
**Subject:** 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: gcamus  
Sender's Caller ID: 18889772986  
Date/Time: November 9, 2020 07:06:20 PM EST  
Number of Pages: 12

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.					<input type="checkbox"/> Resubmission – Change in Material Facts				
<b>Employee Information</b>									
Name (Last, First, Middle): Shockley, Jonathan									
Date of Injury (MM/DD/YYYY): 02/15/2019					Date of Birth (MM/DD/YYYY): 09/27/1978				
Claim Number: 040519008736					Employer: Biotelemetry, Inc				
<b>Requesting Physician Information</b>									
Name: Dr. Jamasbi, Babak J.									
Practice Name: PRCMG					Contact Name: Geneza for Christian G.				
Address: 1335 Stanford Ave					City: Emeryville			State: CA	
Zip Code: 94608		Phone: 510-647-5101 ext 471			Fax Number: 510-647-5105				
Specialty: Pain Management					NPI Number: 1376537199				
E-mail Address:									
<b>Claims Administrator Information</b>									
Company Name: Chubb Son of Federal Ins Company					Contact Name: Castro, Mario				
Address: P.O. Box 42065					City: Phoenix			State: AZ	
Zip Code: 85080		Phone: 213-612-5378			Fax Number: 800-664-1785				
E-mail Address:									
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>									
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.									
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)					
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00 REF: 1 update sig  2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 REF: 1							

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State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Geneza for Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

**Requested Treatment (see instructions for guidance) attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00 REF: 1 update sig  2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 REF: 1		





## **Pain & Rehabilitative**

---

### **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

#### **Visit Note**

##### **Provider:**

**Supervising:** Babak J, Jamasbi, M.D.

**Performing:** Julia Fellows, PA-C

**Encounter Date:** Nov 06, 2020

**Patient:** Shockley, Jonathan (PT00023609)

**Sex:** Male

**DOB:** Sep 27, 1978    **Age:** 42 Year

**Race:** Unreported/Refused to Report

**Address:** 1000 Sutter St Room 123, San Francisco CA 94109    **Pref. Phone(H):**  
415-312-4029

**Primary Dr.:** Babak Jamasbi, M.D.

**Referred By:** Babak Jamasbi, M.D.

**Injury Date:** 02/15/2019

**Employer:** Biotelemetry, Inc


**Case Insurance:** Chubb Son of Federal Ins Company

**Claim No.:** 040519008736

##### **VISIT TYPE:**

##### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

upper limb		Date of Visit: Nov 06, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 11/09/2020 at 03:53 PM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweller, Esq. 866-819-6169

## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is presents via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy but these are currently on hold as no pool facility is open due to COVID 19. Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied on appeal.

He met with Dr. Gordon for a surgical consult on 7/22/20. We have this report for review today.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Patient reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However this caused extreme fatigue which he still feels is occurring. Due to the fatigue, the patient he had some bloodwork done that showed elevated TSH. He attributes this elevation in TSH to his use of gabapentin and inquires about having this level repeated. This is discussed below.

## **Medical History:**

\*\*\*

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

\*\*\*

## **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

## **Family History:**

### **\*\*\* FAMILY HISTORY**

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

## **OBJECTIVE FINDINGS:**

**2014 E/M:**

### **Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed..

### **Orientation:**

Patient is alert and oriented x3..

### **Mood and Affect:**

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

### **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

## **FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of acupuncture 97813, 97814, 97026, 97124

Please submit as a change in material facts and attach Dr. Gordon's consult located in IMS documents.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

## **DIAGNOSIS:**

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

**1 Voltaren 1% Gel** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.  
RFF: 1 update sig

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. RFF: 1

**TREATMENT PLAN:**

\*\*\*

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presence of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presence of ulnar neuropathy. We do not have this report for review.

- Given that Dr. Gordon does not recommend a surgical intervention, we will resubmit for acupuncture with a change in material facts with his report attached.

- He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. These are currently on hold due to COVID19.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was

deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

-QME with Dr. Stoller has been postpone until 1/2021.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. Patient states that he was recently let go from his employer.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving however so we will not be ordering a repeat level at this time.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

#### Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

#### **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify,



delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the

information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Lidoderm Patch:** The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain  
Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localized peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial,

assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**Followup:**

4 Week(s)

**CC:**

Kweller, Esq., Zachary : 11/09/2020

Castro, Mario : 11/09/2020

UR, Chubb : 11/09/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 11/09/2020

## UR Check off List

ADJ RCVD: 09/29/2020	5 DAY DUE DATE: 10/06/2020
UR RCVD: 10/02/2020	CLAIM #: 040519008736
CLAIMANT: <b>Jonathan Shockley</b>	CorVel #: 139249073-UMO-32
CM ASSIGNED: Elena Vega	Processor: Phuong Herrera
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine 5% Ointment	#60		No			
Requested		Voltaren 1% Gel	#1		No			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

Email address: bhulbert@chubb.com

**From:** [Nouven, Samantha](#)  
**To:** [GM-ORCA-UR Referrals](#)  
**Subject:** FW: DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley \*\*ASSIGN TO ELENA-QUESTION BODY PARTS\*\*  
**Date:** Friday, October 2, 2020 10:47:40 AM  
**Attachments:** [200929163978255464.pdf](#)  
[Binder1.pdf](#)

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**From:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>  
**Sent:** Friday, October 2, 2020 9:38 AM  
**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>  
**Subject:** DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley

**Reference Number : UMR-26419491**

Phuong Herrera | Administrative Assistant  
Corvel Corporation | Santa Ana, CA  
[Phuong\\_herrera@corvel.com](mailto:Phuong_herrera@corvel.com) | [www.corvel.com](http://www.corvel.com)

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**From:** Ventura, Maria <[Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)>  
**Sent:** Thursday, October 1, 2020 3:23 PM  
**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>  
**Subject:** DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: [Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)

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**From:** Claims-Faxes-Casualty <[claimsfaxes-casualty@chubb.com](mailto:claimsfaxes-casualty@chubb.com)>  
**Sent:** Thursday, October 1, 2020 11:50 AM  
**To:** Laourclaimfax Admin <[laourclaimfax@chubb.com](mailto:laourclaimfax@chubb.com)>  
**Subject:** 040519008736 Jonathan Shockley

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**From:** Fax2Mail <[fax-2658734@reply.fax2mail.com](mailto:fax-2658734@reply.fax2mail.com)>  
**Sent:** Tuesday, September 29, 2020 1:40 PM  
**To:** Claims-Faxes-Casualty <[claimsfaxes-casualty@chubb.com](mailto:claimsfaxes-casualty@chubb.com)>  
**Subject:** [EXTERNAL] 09/29/20,04:39:43 PM,10,<Unknown>

You have received a document.

Sender's Name: gcamus  
Sender's Caller ID:  
Date/Time: September 29, 2020 04:39:43 PM EDT  
Number of Pages: 10



Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request				
<b>Employee Information</b>				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
<b>Requesting Physician Information</b>				
Name: Dr. Jamasbi, Babak J.				
Practice Name: PRCMG			Contact Name: Geneza for Christian	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00  2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

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000071738154

Biotelemetry Inc

040519008736

Jonathan Shockley

Claimant Evaluation

Codes & Percentage

Indemnity

Medical

## Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

### Claim Level Information

Claim File Status: Open

Date of Loss: 2/15/2019

Date Reported: 2/15/2019

Benefit State: California

SHI Exist: Yes

SIU Exist: No

Subrogation Exist: No

Compensability Denied: No

Date of Birth: 9/27/1978

Adjusted AWW: 956.63 USD

Weekly Comp Rate-TTD: 637.76 USD

### Summary of Facts:

Snapshot

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

### Action Plan:

Manage treatment with Dr. Jamasbi

Address Panel Qualified Medical Evaluation by Dr. Stoller

Request surveillance Post Covid 19

### Med/Disability

Injury Sustained:

Left and Right Hand

First Day of Lost Time:

Last Day Worked:

Returned to Work date:

Type of Duty Emp returned to:

MMI Date:

### Disposition

Final Settlement:

Represented by Attorney No

### Financial Summary

Claimant/Medical: 01-1 Jonathan Shockley / Medical

Loss Reserve: 56,709.00 USD

Loss Paid-to-Date: 16,625.30 USD

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

Loss Reserve: 75,803.00 USD

Loss Paid-to-Date: 40,830.01 USD

Last Payment: 1275.52 USD 10/01/2020

Payee: Jonathan Shockley

Case Date: 00/00/0000 00/00/0000 TT

Non-CVAC

Claim To Suit

Paperless File

Align Networks (Medical Ca

Biotelemetry Inc (Contact)

Briotix Health, LP (Other)

Carpe Data (Loss Payee)

Chubb & Son (Loss Payee)

Colantoni & Collins (Defens

Colantoni, Collins, Marren,

CorVel Corporation (Medica

Esi (Other)

Farber & Connors Attorney

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>				
Left and Right Hand		Defense IME: Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
Ovrd Inj Grp: <None>		Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
Impairment Disability %:		0.00		
Impairment % Basis Code:		<None>		



State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Geneza for Christian</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 ext 471</b>		Fax Number: <b>510-647-5105</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00  2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		



## **Pain & Rehabilitative**

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### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

##### **Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Sep 25, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

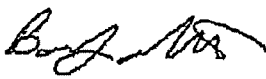
##### **VISIT TYPE:**

##### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

##### **SUBJECTIVE COMPLAINTS:**



upper limb		Date of Visit: Sep 25, 2020		
Treatment to be paid under the CA OMFS.				
Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
 Requesting Physician Signature:			Date: 09/29/2020 at 12:59 PM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kwoeller, Esq. 866-819-6169

\*\*\*

Patient is here via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today. He took one tablet of gabapentin that was prescribed at his previous visit, and he reports extreme fatigue for days from this medication.

#### **Medical History:**

\*\*\*

#### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

#### **Social History:**

\*\*\*

#### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

**Mental Status:** The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

**Spine:**

Upright spinal posture

**Motor:**

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

**UE/LE muscle strength:**

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Gabapentin 300 Mg Capsule Take one QHS
4. Advil (OTC)
5. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

\*\*\*

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

**Plan:**

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We have requested for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our request for 12 additional sessions of acupuncture has been denied on appeal and submitted for IMR review, no updates today. He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. We will monitor his response to this treatment.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects.

Follow up in 4-6 weeks.

**WORK STATUS:**

\*\*\*

**WORK STATUS:** The patient is not permanent and stationary.

**Work restrictions:**

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

**JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a

dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Plagiis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low



**Indications:** Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

**Benefits:** Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

**Harms:** Irritation, allergy, having to use on skin that may interfere with some job performance needs

**Frequency/Dose/Duration:** Per manufacturer's recommendations

**Indications for Discontinuation:** Resolution, intolerance, adverse effects, or lack of benefits.

**Rationale:** There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

**Evidence:** There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**Followup:**

6 Week(s)

with Julia Fellows, PA-C

**CC:**

Kweller, Esq., Zachary : 09/29/2020

Castro, Mario : 09/29/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 09/27/2020

## UR Check off List

ADJ RCVD: 09/11/2020	5 DAY DUE DATE: 09/18/2020
UR RCVD: 09/11/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-30
CM ASSIGNED: Ann Collier	Processor: Vy
Review Type: Prospective	QA Reviewer: Valerie Cordero
Category: IMR	Jurisdiction: California
WCIS#: N/A	Date of Injury: 02/15/2019

THERAPY									
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Other - Aquatic Therapy	6	0	0	Left - Elbow, Left - Wrist(s) & Hand(s), Right - Elbow, Right - Wrist(s) & Hand(s)	97113			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: [Mario.Castro@Chubb.com](mailto:Mario.Castro@Chubb.com) Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

---

Email address: [bhulbert@chubb.com](mailto:bhulbert@chubb.com)

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

**Cordero, Valerie**

---

**From:** Nguyen, Samantha  
**Sent:** Wednesday, September 16, 2020 1:32 PM  
**To:** GM-ORCA-UR Referrals  
**Subject:** FW: DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley  
**Attachments:** 200911113065793083.pdf; Binder2.pdf

**Categories:** Due 18th

**From:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>  
**Sent:** Tuesday, September 15, 2020 1:06 PM  
**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>  
**Subject:** FW: DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley

**Reference Number : UMR-26362948**

---

**From:** Ventura, Maria <Maria.Ventura2@Chubb.com>  
**Sent:** Monday, September 14, 2020 11:20 AM  
**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>  
**Subject:** DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley

**WARNING:** This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: [Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)

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**From:** Claims-Faxes-Casualty <claimsfaxes-casualty@chubb.com>  
**Sent:** Monday, September 14, 2020 6:54 AM  
**To:** Laourclaimfax Admin <laourclaimfax@chubb.com>  
**Subject:** 040519008736 Jonathan Shockley

**From:** Fax2Mail <fax-2658734@reply.fax2mail.com>  
**Sent:** Friday, September 11, 2020 11:31 AM  
**To:** Claims-Faxes-Casualty <claimsfaxes-casualty@chubb.com>  
**Subject:** [EXTERNAL] 09/11/20,11:30:43 AM,12,<Unknown>

You have received a document.

Sender's Name: bgenova  
Sender's Caller ID:  
Date/Time: September 11, 2020 11:30:43 AM EDT

Number of Pages: 12

From: bgenova

18889772986

9/11/2020 08:20:07 PDT

Page 01 of 12

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request				
<b>Employee Information</b>				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date of Birth (MM/DD/YYYY): 09/27/1978		
Claim Number: 040519008736		Employer: Biotelemetry, Inc		
<b>Requesting Physician Information</b>				
Name: Dr. Jamasbi, Babak J.				
Practice Name: PRCMG		Contact Name: Bernam G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6965		
Specialty: Pain Management		NPI Number: 1376637199		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Mario		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-5378	Fax Number: 800-664-1765		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	6 sessions of Aquatic Therapy for the Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97113	

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000071738154

Biotelemetry Inc

040519008736

Jonathan Shockley

Claimant Evaluation

Codes & Percentage

Indemnity

Medical

Non-CVAC  
Claim To Suit  
Paperless File

Align Networks (Medical Ca

Biotelemetry Inc.(Contact

Briotix Health, LP (Other

Carpe Data (Loss Payee)

Chubb & Son (Loss Payee)

Colantoni & Collins (Defens

Colantoni, Collins, Marren,

CorVel Corporation (Medic

Esl (Other)

Farber & Company Attornes

## Claimant Evaluation - Jonathan Shockley

### Summary

### Investigation

### Med/Disability

### Rsv Analysis

### Disposition

#### Claim Level Information

Claim File Status:

Open

Date of Loss:

2/15/2019

Date Reported:

2/16/2019

Benefit State:

California

SHI Exist:

Yes

SIU Exist:

No

Subrogation Exist:

No

Compensability

No

Denied:

Date of Birth:

9/27/1978

Adjusted AWW:

956.63 USD

Weekly Comp Rate-

637.76 USD

TTD:

Summary of Facts:

Snapshot:

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

Action Plan:

Manage treatment with Dr. Jamasbi

Address Panel Qualified Medical Evaluation by Dr. Stoller

Request surveillance Post Covid 19

#### Med/Disability

Injury Sustained:

Left and Right Hand

First Day of Lost Time:

Last Day Worked:

Returned to Work date:

Type of Duty Emp returned to:

MMI Date:

#### Disposition

Final Settlement:

Represented by Attorney

No

#### Financial Summary

Claimant/Medical: 01-1 Jonathan Shockley / Medical

Loss Reserve: 56,709.00 USD

Loss Paid-to-Date: 15,662.47 USD

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

Loss Reserve: 75,803.00 USD

Loss Paid-to-Date: 38,278.97 USD

Last Payment: 1275.52 USD 9/03/2020

Payee: Jonathan Shockley

Service Date: 08/22/2020 09/04/2020 TT

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>				
Left and Right Hand		<b>Defense IME:</b> Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Ovrd Inj Grp:</b> <None>		<b>Claimant IME:</b>		
<b>Impairment Disability %:</b> 0.00		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
<b>Impairment % Basis Code:</b> <None>				

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

**Requested Treatment (see instructions for guidance; attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	6 sessions of Aquatic Therapy for the Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97113	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0



State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Bembem G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-684-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	6 sessions of Aquatic Therapy for the Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97113	

Treatment must be paid under the California OMFS  
Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0



## **Pain & Rehabilitative**

---

### **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

#### **Visit Note**

**Provider:**

**Supervising:** Babak J, Jamasbi, M.D.

**Performing:** Jessica Aikin, PA-C

**Encounter Date:** Sep 04, 2020

**Patient:** Shockley, Jonathan (PT00023609)

**Sex:** Male

**DOB:** Sep 27, 1978    **Age:** 41 Year

**Race:** Unreported/Refused to Report

**Address:** 1000 Sutter St Room 123, San Francisco CA 94109    **Pref. Phone(H):**  
415-312-4029

**Primary Dr.:** Babak Jamasbi, M.D.

**Referred By:** Babak Jamasbi, M.D.

**Injury Date:** 02/15/2019

**Employer:** Biotelemetry, Inc

**Case Insurance:** Chubb Son of Federal Ins Company

**Claim No.:** 040519008736

**VISIT TYPE:**

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.



## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **Medical History:**

\*\*\*

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

\*\*\*

### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

**Mental Status:** The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

**Spine:**

Upright spinal posture

**Motor:**

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

**UE/LE muscle strength:**

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

**1 Gabapentin 300 Mg Capsule** SIG: Take one QHS QTY: 30.00.

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

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Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next

visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

**WORK STATUS:**

\*\*\*

**WORK STATUS:** The patient is not permanent and stationary.

**Work restrictions:**

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

**JUSTIFICATION:**

**Gabapentin (Neurontin):** The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

## Anti-convulsant Agents for Neuropathic Pain Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Milrigabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dose/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbamazepine and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.



**Evidence:** A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with



references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 09/08/2020

Castro, Mario : 09/08/2020

UR, Chubb : 09/08/2020

UR, Chubb : 09/09/2020

Kweller, Esq., Zachary : 09/11/2020

Castro, Mario : 09/11/2020

UR, Chubb : 09/11/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 09/04/2020

# Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley 09/27/1978 Date 09/11/2020

Address 1000 Sutter St Room 123 San Francisco, CA 94109

**R** 6 sessions of Aquatic Therapy for the Bilateral Elbows,  
Bilateral Wrists and Bilateral Hands

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm,  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm,  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm,  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper  
arm, M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region, G56.20  
Lesion of ulnar nerve, unspecified upper limb

Refill	
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☐ Do Not Substitute  
M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zerehschi, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

## UR Check off List

ADJ RCVD: 09/21/2020	5 DAY DUE DATE: 09/28/2020
UR RCVD: 09/21/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-31
CM ASSIGNED: Elena Vega	Processor: Vy Nguyen
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Gabapentin	300mg #30		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Lidocaine 5% Ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Voltaren 1% Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504

Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

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Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

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Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: Rodriguez, Crystal  
To: GM-ORCA-UR Referrals  
Subject: FW: \*\*\*ASSIGN TO ELENA - BODY PARTS\*\*\*DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley  
Date: Monday, September 28, 2020 10:37:21 AM  
Attachments: 200921170722456867.pdf  
image004.png  
Importance: High

000071738154		Claimant Evaluation - Jonathan Shockley		95?
Biotelemetry Inc		Summary	Investigation	Med/Disability
040519008736		Bsv Analysis Disposition		
Jonathan Shockley		Claim Level Information		
Claimant Evaluation		Claim File Status:	Open	Med/Disability
Codes & Percentage		Date of Loss:	2/15/2019	Injury Sustained:
Indemnity		Date Reported:	2/16/2019	Left and Right Hand
Medical		Benefit State:	California	First Day of Lost Time:
		SHI Exist:	Yes	Last Day Worked:
		SIU Exist:	No	Returned to Work date:
		Subrogation Exist:	No	Type of Duty Emp returned to:
		Compensability Denied:	No	MMI Date:
		Date of Birth:	9/27/1978	Disposition
		Adjusted AWW:	956.63	Final Settlement:
		Weekly Comp Rate- TTD:	637.76	Represented by Attorney
				No
		Summary of Facts:	Snapshot	Financial Summary
		This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on		Claimant/Medical: 01-1 Jonathan Shockley / Medical
		Action Plan:	2	Loss Reserve: 0.00
		Manage treatment with Dr. Jamasbi		Loss Paid-to-Date: 0.00
		Address Panel Qualified Medical Evaluation by Dr. Stoller		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
		Request surveillance Post Covid 19		Loss Reserve: 0.00
				Loss Paid-to-Date: 0.00
				Last Payment:
				Payee:

Non-CVAC  
Claim To Suit  
Paperless File  
Align Networks (Medical Ca  
Biotelemetry Inc (Contact)  
Briotix Health, LP (Other)  
Carpe Data (Loss Payee)  
Chubb & Son (Loss Payee)  
Colantoni & Collins (Defense)  
Colantoni, Collins, Marren,  
CorVel Corporation (Medical)  
Esi (Other)



Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>		<b>Defense IME:</b>		
Left and Right Hand		Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Impairment Disability %:</b> 0.00		<b>Claimant IME:</b>		
<b>Impairment % Basis Code:</b> <None>		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
<b>Surgery?</b> <None>		<b>Represented By Attorney:</b> No		
<b>Permanency:</b>		<b>Disability Analysis:</b>		
<b>Pharmacy Card:</b> <input checked="" type="radio"/> Active <input type="radio"/> Inactive		<b>Ex Pay:</b> <input type="radio"/> Active <input checked="" type="radio"/> Inactive		
<b>Medical Status:</b>				
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102				
<b>Co-Morbidity Factors:</b> *None		NCTCM Savings		
<b>Return to Work</b>				

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

[Crystal\\_Rodriguez@CorVel.com](mailto:Crystal_Rodriguez@CorVel.com) | [www.CorVel.com](http://www.CorVel.com)

For status or questions about a referral email [urstatus@corvel.com](mailto:urstatus@corvel.com)

**From:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Sent:** Thursday, September 24, 2020 3:59 PM

**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Subject:** FW: DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley

**Reference Number :** UMR-26394147

**From:** Ventura, Maria <Maria.Ventura2@Chubb.com>

**Sent:** Monday, September 21, 2020 5:20 PM

**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Subject:** DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley

**From:** Fax2Mail <fax-1841185@reply.fax2mail.com>

**Sent:** Monday, September 21, 2020 2:08 PM

**To:** Laourclaimfax Admin <laourclaimfax@chubb.com>

**Subject:** 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: jpanuncial  
Sender's Caller ID: 18889772986  
Date/Time: September 21, 2020 05:07:04 PM EDT  
Number of Pages: 11

From jpanuncial 18889772986 9/21/2020 13:54:19 PDT Page 01 of 11

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

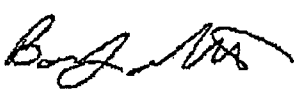
<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health. <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.		<input type="checkbox"/> Resubmission - Change in Material Facts		
<b>Employee Information</b>				
Name (Last, First, Middle): Shocklay, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date of Birth (MM/DD/YYYY): 09/27/1978		
Claim Number: 040519008736		Employer: Biotelemetry, Inc		
<b>Requesting Physician Information</b>				
Name: Dr. Jamasbi, Babak J.				
Practice Name: PRCMG		Contact Name: Christian G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 ext 471	Fax Number: 510-647-5105		
Specialty: Pain Management		NPI Number: 1376637199		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Mario		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-5378	Fax Number: 800-664-1765		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 3 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

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State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Christian G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 ext 471</b>		Fax Number: <b>510-647-5105</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Marlo</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 3 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

upper limb		Date of Visit: Sep 04, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 09/08/2020 at 03:52 PM(PT)	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



## **Pain & Rehabilitative**

### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD**  
**Timothy Lo, MD | Arzhang Zerehsidi, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

##### **Provider:**

**Supervising: Babak J, Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Sep 04, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

##### **VISIT TYPE:**

##### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

##### **SUBJECTIVE COMPLAINTS:**



\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

#### **Medical History:**

\*\*\*

#### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

#### **Social History:**

\*\*\*

#### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.



The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

#### **OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

#### **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

#### **FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

#### **DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

#### **PRESCRIPTION:**

**1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00.**

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

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**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

**Plan:**

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

**WORK STATUS:**

\*\*\*

**WORK STATUS:** The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

**JUSTIFICATION:**

**Gabapentin (Neurontin):** The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

Anti-convulsant Agents for Neuropathic Pain

Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Mirogabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dose/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbamazepine and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

**Evidence:** A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz,



2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Plagiis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

**Indications:** Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

**Benefits:** Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

**Harms:** Irritation, allergy, having to use on skin that may interfere with some job performance needs

**Frequency/Dose/Duration:** Per manufacturer's recommendations

**Indications for Discontinuation:** Resolution, intolerance, adverse effects, or lack of benefits.

**Rationale:** There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

**Evidence:** There are high- and moderate-quality RCTs incorporated into this analysis. There are



no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 09/08/2020

Castro, Mario : 09/08/2020

UR, Chubb : 09/08/2020

UR, Chubb : 09/21/2020

UR, Chubb : 09/09/2020

Kweller, Esq., Zachary : 09/11/2020

Castro, Mario : 09/11/2020

UR, Chubb : 09/11/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 09/12/2020

## UR Check off List

ADJ RCVD: 09/08/2020	5 DAY DUE DATE: 09/15/2020
UR RCVD: 09/10/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-29
CM ASSIGNED: Elena Vega	Processor: Amy DiPillo
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Gabapentin	300mg #30		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Lidocaine 5% ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Voltaren 1% Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASEMANAGER:** Hulbert, Barbara

---

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: Perez, Erika  
To: GM-ORCA-UR Referrals  
Subject: PLEASE ASSIGN TO ELENA - BODY PARTS\*\* DUE 9.15 RFA Medication / 040519008736 Jonathan Shockley  
Date: Monday, September 14, 2020 12:23:29 PM  
Attachments: 200908192163527948.pdf  
image004.png

Reference Number : UMR-26348238

000071738154		Claimant Evaluation - Jonathan Shockley		95
? Biotelemetry Inc 040519008736 Jonathan Shockley Claimant Evaluation Codes & Percentage Indemnity Medical		Summary Investigation Med/Disability Rev Analysis Disposition		
		Claim Level Information		Med/Disability
		Claim File Status:	Open	Injury Sustained:
		Date of Loss:	2/15/2019	Left and Right Hand
		Date Reported:	2/16/2019	
		Benefit State:	California	First Day of Lost Time:
		SHI Exist:	Yes	Last Day Worked:
		SIU Exist:	No	Returned to Work date:
		Subrogation Exist:	No	Type of Duty Emp returned to:
		Compensability Denied:	No	MMI Date:
		Date of Birth:	9/27/1978	Disposition
		Adjusted AWW:	956.63	Final Settlement:
		Weekly Comp Rate:	637.76	Represented by Attorney No
		TTD:		
		Summary of Facts:	Snapshot	Financial Summary
		This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on		Claimant/Medical: 01-1 Jonathan Shockley / Medical
		Action Plan:		Loss Reserve: 0.00
		Manage treatment with Dr. Jamasbi		Loss Paid-to-Date: 0.00
		Address Panel Qualified Medical Evaluation by Dr. Stoller		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
		Request surveillance Post Covid 19		Loss Reserve: 0.00
				Loss Paid-to-Date: 0.00
				Last Payment:
				Payee:
Non-CVAC Claim To Suit Paperless File Align Networks (Medical Co) Biotelemetry Inc (Contact) Briotix Health, LP (Other) Carpe Data (Loss Payee) Chubb & Son (Loss Payee) Colantoni & Collins (Defense) Colantoni, Collins, Warren CorVel Corporation (Medical) Est (Other)				

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>		<b>Defense IME:</b>		
Left and Right Hand		Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Impairment Disability %:</b> 0.00		<b>Claimant IME:</b>		
<b>Impairment % Basis Code:</b> <None>		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2612		
<b>Surgery?</b> <None>		<b>Represented By</b> No		
		<b>Attorney:</b>		
<b>Permanency:</b>		<b>Disability Analysis:</b>		
<b>Pharmacy Card:</b> <input checked="" type="radio"/> Active <input type="radio"/> Inactive		<b>Ex Pay:</b> <input type="radio"/> Active <input checked="" type="radio"/> Inactive		
<b>Medical Status:</b>				
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102				
<b>Co-Morbidity Factors:</b> *None		<b>HC/TCM Savings</b>		

From: Ventura, Maria <Maria.Ventura2@Chubb.com>  
Sent: Tuesday, September 08, 2020 4:42 PM  
To: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>  
Subject: DUE 9.15 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: [Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)

From: Fax2Mail <fax-1841185@reply.fax2mail.com>  
Sent: Tuesday, September 8, 2020 4:22 PM  
To: Laourclaimfax Admin <laourclaimfax@chubb.com>  
Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: cespinoza  
Sender's Caller ID: 18889772986  
Date/Time: Tue 08 Sep 2020 07:21:47 PM EDT  
Number of Pages: 11

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.		<input type="checkbox"/> Resubmission - Change in Material Facts		
<b>Employee Information:</b>				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date of Birth (MM/DD/YYYY): 09/27/1978		
Claim Number: 040518008736		Employer: Biotelemetry, Inc		
<b>Requesting Physician Information:</b>				
Name: Dr. Jamesbl, Babak J.				
Practice Name: PRCMG		Contact Name: Christian G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 ext 471	Fax Number: 510-647-5105		
Specialty: Pain Management		NPI Number: 1376637199		
E-mail Address:				
<b>Claims Administrator Information:</b>				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Marlo		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-6378	Fax Number: 800-664-1765		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary):</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 3 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

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State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**


Fax Number: **800-664-1765**

E-mail Address:

**Requested Treatment (see instructions for guidance; attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 3 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

upper limb		Date of Visit: Sep 04, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 09/08/2020 at 03:52 PM(PT)	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**  
**UR Department (if applicable):**213-612-5785  
**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



## **Pain & Rehabilitative**

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### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

##### **Provider:**

**Supervising: Babak J, Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Sep 04, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

##### **VISIT TYPE:**

##### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **Medical History:**

\*\*\*

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

\*\*\*

### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00.

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

\*\*\*

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next



visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

**WORK STATUS:** The patient is not permanent and stationary.

#### **Work restrictions:**

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

#### **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Gabapentin (Neurontin):** The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

## Anti-convulsant Agents for Neuropathic Pain Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Milrigabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dose/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbamazepine and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

**Evidence:** A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 09/08/2020

Castro, Mario : 09/08/2020

UR, Chubb : 09/08/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 09/04/2020



Perez, Erika

**From:** GM-ORCA-Chubb UR  
**Sent:** Tuesday, August 18, 2020 2:59 PM  
**To:** GM-ORCA-Chubb UR  
**Subject:** FW: DUE 8.20 RFA Injection, Consult / 040519008736 Jonathan Shockley  
**Attachments:** 200813112345945002.pdf

**Categories:** AD Needs verification in CV

Reference Number : UMR-26262665

**Writing Company:** CHUBB INDEMNITY INSURANCE COMPANY

071738154 Biotelemetry Inc 040519008736 Jonathan Shockley Claimant Evaluation	<b>Claimant Evaluation - Jonathan Shockley</b> <b>Summary</b> Investigation Med/Disability Rsv Analysis Disposition <b>Claim Level Information</b> Claim File Status: Open 2/15/2019 2/16/2019 California Yes No No No 9/27/1978 956.63 637.76	<b>Med/Disability</b> Injury Sustained: Left and Right Hand  First Day of Lost Time:  Last Day Worked:  Returned to Work date:  Type of Duty Emp returned to:  MMI Date:  <b>Disposition</b> Final Settlement: Represented by Attorney No
---	---	---

k links or

Hi Mario, A request was received for Jonathan Shockley / 040519008736 for Surgical consult for the neck. Please advise if we should include the neck in our review or a deferral letter should be sent.

Neck still not a part of the body accepted. Diagnostic studies were done at request of PQME who indicated cervical etiology and lack of carpal tunnel but presence of cubital tunnel syndrome. No treatment to neck recommendations

Got it. Thanks Mario. There is also a request for trigger point injections to trapezius muscles listed on the RFA. Would you like for me to send a deferral letter for this request as well?

Outside of elbow to hand/wrist bilaterally, everything gets deferred

Got it. Thanks again. I will send a deferral letter for other body parts

**Snapshot**  
40 years old right hand dominant technician who alleges cumulative injury to bilateral upper extremities, begins on 2/15/2019. Medical: Injured fully seen by Dr. Patrick O'Lang on

**Financial Summary**  
Claimant/Medical: 01-1 Jonathan Shockley / Medical  
Loss Reserve: 0.00  
Loss Paid-to-Date: 0.00  
Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

<b>Claimant Evaluation - Jonathan Shockley</b> <b>Summary</b> Investigation Med/Disability Rsv Analysis Disposition	
Injury Sustained: Left and Right Hand <input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury <input type="checkbox"/> Other medical treatment within 24 hours	<input checked="" type="checkbox"/> Defense IME: Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100
Impairment Disability %: 0.00 Impairment % Basis Code: <None> Surgery? <None>	Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512 Represented By No
Permanency:	<input checked="" type="checkbox"/> Disability Analysis:
Pharmacy Card: <input checked="" type="radio"/> Active <input type="radio"/> Inactive Medical Status: Hand Center of San Francisco Patrick O Lang MD	Ex Pay: <input type="radio"/> Active <input checked="" type="radio"/> Inactive

Last message received on 08/18/2020 at 4:07 PM.



State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<b>Employee Information</b>				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date of Birth (MM/DD/YYYY): 09/27/1978		
Claim Number: 040519008736		Employer: Biotelemetry, Inc		
<b>Requesting Physician Information</b>				
Name: Dr. Jamasbi, Babak J.				
Practice Name: PRCMG		Contact Name: Bemben G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6985		
Specialty: Pain Management		NPI Number: 1378637199		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Mario		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-5378	Fax Number: 800-664-1765		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Neck	99205	
		Trigger point injections to be done in office for the bilateral trapezius musculature		

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State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Bembem G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Neck	99205	
		Trigger point injections to be done in office for the bilateral trapezius musculature		

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 08/13/2020 at 08:12 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169

**Nurse Case Manager (if applicable):**



## **Pain & Rehabilitative**

### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD**  
**Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

**Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Aug 07, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain today. continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per the patient, Dr. Gordon feels that this may have been a misdiagnosis and he did not recommend surgery.

Our request for 12 additional sessions of acupuncture treatment has been denied, according to the patient. We do not yet have this denial letter, but will review when made available so that we can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy.

With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **OBJECTIVE FINDINGS:**

**Mental Status:** The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

**Spine:**

Upright spinal posture

**Motor:**

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

**UE/LE muscle strength:**

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

## **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)



## **FORMAL REQUEST FOR AUTHORIZATION:**

Surgical Consult (99205) Neck.

Trigger point injections to be done in office for the bilateral trapezius musculature.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

### **PRESCRIPTION:**

#### Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

### **TREATMENT PLAN:**

\*\*\*

#### Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

#### Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Per the patient, our recent request for 12 additional sessions of acupuncture has been denied.

We will appeal this based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. We will re-request for surgical consultation for the neck today as this was included in his QME.

- We will request for TPI in the bilateral trapezius region.

- We did discuss his work restrictions today. He has significant pain in his arms with extended periods of typing and computer work, therefore we have updated his work restrictions to reflect this today.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

#### Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

#### **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend or accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches

for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 08/11/2020

Castro, Mario : 08/11/2020

UR, Chubb : 08/12/2020

Kweller, Esq., Zachary : 08/13/2020

Castro, Mario : 08/13/2020

UR, Chubb : 08/13/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 08/07/2020

## UR Check off List

ADJ RCVD: 08/11/2020	5 DAY DUE DATE: <b>08/18/2020</b>
UR RCVD: 08/14/2020	CLAIM #: 040519008736
CLAIMANT: <b>Jonathan Shockley</b>	CorVel #: 139249073-UMO-26
CM ASSIGNED: Ann Collier	Processor: Amy DiPillo
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine 5% Ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Voltaren 1%Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880  
Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Christian Charles Colantoni

Attorney Address: 201 Spear Street, Ste. 1100  
San Francisco CA 94105



**CASE MANAGER:** Hulbert, Barbara

---

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: Rodriguez, Crystal  
To: GM-ORCA-UR Referrals  
Subject: FW: DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley  
Date: Monday, August 17, 2020 11:40:56 AM  
Attachments: 200811162744596137.pdf  
image003.png

000071738154		Claimant Evaluation - Jonathan Shockley		987
? Biotelemetry Inc 040519008736 Jonathan Shockley Claimant Evaluation Codes & Percentage Indemnity Medical		Summary Investigation Med/Disability Rsv Analysis Disposition		
		<b>Claim Level Information</b> Claim File Status: Open Date of Loss: 2/15/2019 Date Reported: 2/16/2019 Benefit State: California SHI Exist: Yes SIU Exist: No Subrogation Exist: No Compensability Denied: No Date of Birth: 9/27/1978 Adjusted AWW: 956.63 Weekly Comp Rate: 637.76 TTD:		<b>Med/Disability</b> Injury Sustained: Left and Right Hand First Day of Lost Time: Last Day Worked: Returned to Work date: Type of Duty Emp returned to: MMI Date:
				<b>Disposition</b> Final Settlement: Represented by Attorney No
< > Non-CVAC Claim To Suit Paperless File Align Networks (Medical Ca Biotelemetry Inc (Contact) Briotix Health, LP (Other) Carpe Data (Loss Payee) Chubb & Son (Loss Payee) Colantoni & Collins (Defens Colantoni, Collins, Warren CorVel Corporation (Medic Esi (Other) Fisher & Campbell Attor		<b>Summary of Facts:</b> Snapshot This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on <b>Action Plan:</b> Manage treatment with Dr. Jamasbi Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19		
		<b>Financial Summary</b> Claimant/Medical: 01-1 Jonathan Shockley / Medical Loss Reserve: 0.00 Loss Paid-to-Date: 0.00 Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity Loss Reserve: 0.00 Loss Paid-to-Date: 0.00 Last Payment: Payee:		

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>		<b>Defense IME:</b>		
Left and Right Hand		Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Impairment Disability %:</b> 0.00		<b>Claimant IME:</b>		
<b>Impairment % Basis Code:</b> <None>		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
<b>Surgery?</b> <None>		<b>Represented By Attorney:</b> No		
<b>Permanency:</b>		<b>Disability Analysis:</b>		
<b>Pharmacy Card:</b> <input checked="" type="radio"/> Active <input type="radio"/> Inactive		<b>Ex Pay:</b> <input type="radio"/> Active <input checked="" type="radio"/> Inactive		
<b>Medical Status:</b>				
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102				
<b>Co-Morbidity Factors:</b> *None		H/C/TCM Savings		
<b>Return to Work</b>				

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

T 909 257-3724 | F 866 910-4430

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**From:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Sent:** Friday, August 14, 2020 2:47 PM

**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Subject:** DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley

**Reference Number :** UMR-26253012

**From:** Ventura, Maria <Maria.Ventura2@Chubb.com>

**Sent:** Thursday, August 13, 2020 3:18 PM

**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

**Subject:** DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley

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**From:** Yashinski, Louis <[Louis.Yashinski@Chubb.com](mailto:Louis.Yashinski@Chubb.com)>  
**Sent:** Thursday, August 13, 2020 10:54 AM  
**To:** Laourclaimfax Admin <[laourclaimfax@chubb.com](mailto:laourclaimfax@chubb.com)>  
**Cc:** TPA Claims Docs <[TPAclaimsdocs@Chubb.com](mailto:TPAclaimsdocs@Chubb.com)>  
**Subject:** 040519008736 Jonathan Shockley

**Western Claims Service Center**  
P.O. Box 42065, Phoenix, AZ 85080-2070  
O 800-252-4670  
F 800-664-1765  
E [uscasualtyclaims@chubb.com](mailto:uscasualtyclaims@chubb.com)

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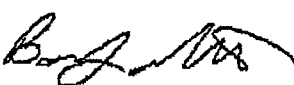
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State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Christian G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 ext 471</b>		Fax Number: <b>510-647-5105</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

upper limb		Date of Visit: Aug 07, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 08/11/2020 at 01:14 PM(PT)	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169





## **Pain & Rehabilitative**

---

### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD**  
**Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

##### **Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Aug 07, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

##### **VISIT TYPE:**

##### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain today. continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per the patient, Dr. Gordon feels that this may have been a misdiagnosis and he did not recommend surgery.

Our request for 12 additional sessions of acupuncture treatment has been denied, according to the patient. We do not yet have this denial letter, but will review when made available so that we can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy.

With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

## **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

## **FORMAL REQUEST FOR AUTHORIZATION:**

Surgical Consult (99205) Neck.

Trigger point injections to be done in office for the bilateral trapezius musculature.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

## **DIAGNOSIS:**

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
G56.20 Lesion of ulnar nerve, unspecified upper limb

## **PRESCRIPTION:**

### Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

## **TREATMENT PLAN:**

\*\*\*

### Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

### Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Per the patient, our recent request for 12 additional sessions of acupuncture has been denied.

We will appeal this based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. We will re-request for surgical consultation for the neck today as this was included in his QME.

- We will request for TPI in the bilateral trapezius region.

- We did discuss his work restrictions today. He has significant pain in his arms with extended periods of typing and computer work, therefore we have updated his work restrictions to reflect this today.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

#### **Work restrictions:**

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

#### **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Altaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches

for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating



physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 08/11/2020

Castro, Mario : 08/11/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 08/07/2020

## UR Check off List

ADJ RCVD: 07/14/2020	5 DAY DUE DATE: 07/21/2020
UR RCVD: 07/17/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-25
CM ASSIGNED Ann Collier	Processor: Amy DiPillo
Review Type: Prospective	QA Reviewer: Jimmy Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

THERAPY									
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Acupuncture	12	0	0	Hand, Lower Arm, Wrist	97813, 97814, 97026, 97124			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Christian Charles Colantoni

Attorney Address: 201 Spear Street, Ste. 1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

**From:** [Nguyen, Samantha](#)  
**To:** [GM-ORCA-UR Referrals](#)  
**Subject:** FW: DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley  
**Date:** Monday, July 20, 2020 9:08:30 AM  
**Attachments:** [200714101224566022.pdf](#)  
[Shockley, Jonathan chubb 7.20.2021.pdf](#)

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**Reference Number : UMR-26136370**

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**From:** Ventura, Maria <[Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)>  
**Sent:** Tuesday, July 14, 2020 12:19 PM  
**To:** GM-ORCA-Chubb UR <[GM-ORCA-Chubb\\_UR@CORVEL.com](mailto:GM-ORCA-Chubb_UR@CORVEL.com)>  
**Subject:** DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley

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**From:** Fax2Mail <[fax-1841185@reply.fax2mail.com](mailto:fax-1841185@reply.fax2mail.com)>  
**Sent:** Tuesday, July 14, 2020 7:13 AM  
**To:** Laourclaimfax Admin <[laourclaimfax@chubb.com](mailto:laourclaimfax@chubb.com)>  
**Subject:** 040519008736 Jonathan Shockley

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Sender's Caller ID: 18889772986  
Date/Time: July 14, 2020 10:12:43 AM EDT  
Number of Pages: 11

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Castro, Mario A

SENIOR CLAIM SPECIALIST , Available - Video Capable

2 Participants

type/lync will be replaced by MS Teams by the end of Q3 2020. Begin using MS Teams for chat and file collaboration today.

8:59 AM

Monday, July 20, 2020

Hi Mario, On Jonathan Shockley/040519008736 request received on 7/14/2020 for Acupuncture x12 for the bilateral hands, wrists and forearms. Please advise if we should include Bilateral wrist and forearms in our review or send a deferral letter? Thank You

review for it

Thanks

Last message received on 07/20/2020 at 9:04 AM.



000071738154

Biotelemetry Inc

040519008736

Jonathan Shockley

Claimant Evaluation

Codes & Percentage

Indemnity

Medical

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

Claim Level Information Med/Disability

Claim File Status: Open Injury Sustained: Left and Right Hand

Date of Loss: 2/15/2019

Date Reported: 2/16/2019

Benefit State: California

SHI Exist: Yes

SIU Exist: No

Subrogation Exist: No

Compensation Denied: No

Date of Birth: 9/27/1978

Adjusted AWW: 956.63 USD

Weekly Comp Rate- TTD: 637.76 USD

Summary of Facts:

Snapshot

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

Action Plan:

Manage treatment with Dr. Jamasbi

Pay out retro benefits and manage ongoing new

Disposition

Final Settlement:

Represented by Attorney No

Financial Summary

Claimant/Medical: 01-1 Jonathan Shockley / Medical

Loss Reserve: 56,709.00 USD

Loss Paid-to-Date: 12,532.00 USD

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

Loss Reserve: 75,803.00 USD

Loss Paid-to-Date: 33,176.89 USD

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>				
Left and Right Hand		<b>Defense IME:</b> Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Ovrd Inj Grp:</b> <None>		<b>Claimant IME:</b>		
<b>Impairment Disability %:</b> 0.00		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
<b>Impairment % Basis Code:</b> <None>				

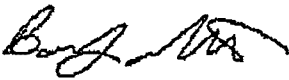
State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <span style="float: right;"><input type="checkbox"/> Resubmission – Change in Material Facts</span>				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Bembem G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	12 sessions of Acupuncture for the bilateral hands, wrists, and forearms	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 07/14/2020 at 06:59 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169

**Nurse Case Manager (if applicable):**





## **Pain & Rehabilitative**

### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

#### **Visit Note**

**Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Jul 10, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **Medical History:**

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.



The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

#### **OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

#### **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

#### **FORMAL REQUEST FOR AUTHORIZATION:**

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

#### **DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

#### **PRESCRIPTION:**

**Refill Added:**

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

**Plan:**

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

**WORK STATUS:**

**WORK STATUS:** The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

**JUSTIFICATION:**

**Diclofenac cream:** The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

**Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.**

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

**Indications:** Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

**Benefits:** Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

**Harms:** Irritation, allergy, having to use on skin that may interfere with some job performance needs

**Frequency/Dose/Duration:** Per manufacturer's recommendations

**Indications for Discontinuation:** Resolution, intolerance, adverse effects, or lack of benefits.

**Rationale:** There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

Kweller, Esq., Zachary : 07/14/2020

Castro, Mario : 07/14/2020

UR, Chubb : 07/14/2020

**This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020**



# Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley Date 07/14/2020

Address 1000 Sutter St Room 123 San Francisco, CA 94109

R

**12 sessions of Acupuncture for the  
bilateral hands, wrists, and forearms**

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region  
G56.20 Lesion of ulnar nerve, unspecified upper limb

Refill	
--------	--



☐ Do Not Substitute  
M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FKS223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

## UR Check off List

ADJ RCVD: 08/26/2020	5 DAY DUE DATE: 09/02/2020
UR RCVD: 08/26/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-28
CM ASSIGNED: Elena Vega	Processor: Erika
Review Type: Prospective	QA Reviewer: Samantha Nguyen
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of Injury: 02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine ointment	5% #60	0	No			
Requested		Voltaren gel	1% #1	0	No			

**EMPLOYEE:** Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.  
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

**INSURER/CARRIER:** Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,  
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

**PROVIDER:** Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.  
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

**PLANTIFF ATTORNEY:** Farber & Co

Attorney Address: 333 Hegenberger Road #504  
Oakland CA 94621

**DEFENSE ATTORNEY:** Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100  
San Francisco CA 94105

**CASE MANAGER:** Hulbert, Barbara

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: Perez, Erika  
To: GM-ORCA-UR Referrals  
Subject: ASSIGN TO ELENA - BODY PARTS\*\* DUE 9.2 RFA Medication / 040519008736 Jonathan Shockley  
Date: Tuesday, September 1, 2020 11:27:17 AM  
Attachments: 200826160154852402.pdf  
Image004.png

Reference Number : UMR-26313208

000071738154		Claimant Evaluation - Jonathan Shockley		98	
} Biotelemetry Inc → 040519008736 ↳ Jonathan Shockley ↳ Claimant Evaluation ↳ Codes & Percentage ↳ Indemnity ↳ Medical		Summary   Investigation   Med/Disability   Rsv Analysis   Disposition			
		Claim Level Information		Med/Disability	
		Claim File Status:	Open	Injury Sustained:	
		Date of Loss:	2/15/2019	Left and Right Hand	
		Date Reported:	2/16/2019		
		Benefit State:	California	First Day of Lost Time:	
		SHI Exist:	Yes	Last Day Worked:	
		SIU Exist:	No	Returned to Work date:	
		Subrogation Exist:	No	Type of Duty Emp returned to:	
		Compensability Denied:	No	MMI Date:	
		Date of Birth:	9/27/1978	Disposition	
		Adjusted AWW:	956.63	Final Settlement:	
		Weekly Comp Rate- TTD:	637.76	Represented by Attorney   No	
<   > Non-CVAC Claim To Suit Paperless File Align Networks (Medical Ca Biotelemetry Inc (Contact) Briotix Health, LP (Other) Carpe Data (Loss Payee) Chubb & Son (Loss Payee) Colantoni & Collins (Defens Colantoni, Collins, Marren CorVel Corporation (Medic Esi (Other) <   >		Summary of Facts:   Snapshot This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on		Financial Summary Claimant/Medical: 01-1 Jonathan Shockley / Medical Loss Reserve: 0.00 Loss Paid-to-Date: 0.00 Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity Loss Reserve: 0.00 Loss Paid-to-Date: 0.00 Last Payment: Payee:	
		Action Plan: Manage treatment with Dr. Jamasbi Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19			

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rsv Analysis	Disposition
<b>Injury Sustained:</b>		<b>Defense IME:</b>		
Left and Right Hand		Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
<b>Impairment Disability %:</b> 0.00		<b>Claimant IME:</b>		
<b>Impairment % Basis Code:</b> <None>		Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512		
<b>Surgery?</b> <None>		<b>Represented By</b> No		
<b>Permanency:</b>		<b>Disability Analysis:</b>		
<b>Pharmacy Card:</b> <input checked="" type="radio"/> Active <input type="radio"/> Inactive		<b>Ex Pay:</b> <input type="radio"/> Active <input checked="" type="radio"/> Inactive		
<b>Medical Status:</b>				
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102				
<b>Co-Morbidity Factors:</b> *None		HCTCM Savings		

**From:** Ventura, Maria <Maria.Ventura2@Chubb.com>  
**Sent:** Thursday, August 27, 2020 10:38 AM  
**To:** GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>  
**Subject:** DUE 9.2 RFA Medication / 040519008736 Jonathan Shockley

**WARNING:** This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: [Maria.Ventura2@Chubb.com](mailto:Maria.Ventura2@Chubb.com)

---

**From:** Fax2Mail <fax-1841185@reply.fax2mail.com>  
**Sent:** Wednesday, August 26, 2020 1:02 PM  
**To:** Laourclaimfax Admin <laourclaimfax@chubb.com>  
**Subject:** 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: kybanez  
Sender's Caller ID: 18889772986  
Date/Time: August 26, 2020 04:01:58 PM EDT  
Number of Pages: 10

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.					<input type="checkbox"/> Resubmission - Change in Material Facts				
<b>Employee Information</b>									
Name (Last, First, Middle): Shockley, Jonathan									
Date of Injury (MM/DD/YYYY): 02/15/2019					Date of Birth (MM/DD/YYYY): 09/27/1978				
Claim Number: 040519008736					Employer: Biotelemetry, Inc				
<b>Requesting Physician Information</b>									
Name: Dr. Jamasbi, Babak J.									
Practice Name: PRCMG					Contact Name: Christian G.				
Address: 1335 Stanford Ave					City: Emeryville			State: CA	
Zip Code: 94608		Phone: 510-647-5101 ext 471			Fax Number: 510-647-5105				
Specialty: Pain Management					NPI Number: 1376637199				
E-mail Address:									
<b>Claims Administrator Information</b>									
Company Name: Chubb Son of Federal Ins Company					Contact Name: Castro, Marlo				
Address: P.O. Box 42065					City: Phoenix			State: AZ	
Zip Code: 85080		Phone: 213-612-5378			Fax Number: 800-664-1765				
E-mail Address:									
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>									
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.									
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)					
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00							

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.



State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

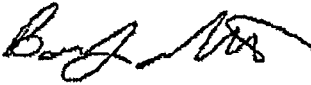
E-mail Address:

**Requested Treatment (see instructions for guidance, attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		



upper limb		Date of Visit: Jul 10, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 07/13/2020 at 03:30 PM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**  
**UR Department (if applicable):**213-612-5785  
**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



## **Pain & Rehabilitative**

### **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshtki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

#### **Visit Note**

##### **Provider:**

Supervising: Babak J, Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

#### **SUBJECTIVE COMPLAINTS:**

\*\*\*

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

#### **Medical History:**

\*\*\*

#### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

#### **Social History:**

\*\*\*

#### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

**PRESCRIPTION:**

Refill Added:

**1 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**2 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

#### **TREATMENT PLAN:**

\*\*\*

##### **Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

##### **Plan:**

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

**WORK STATUS:** The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

**JUSTIFICATION:**

**Diclofenac cream:** The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located  
Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low



**Indications:** Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

**Benefits:** Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

**Harms:** Irritation, allergy, having to use on skin that may interfere with some job performance needs

**Frequency/Dose/Duration:** Per manufacturer's recommendations

**Indications for Discontinuation:** Resolution, intolerance, adverse effects, or lack of benefits.

**Rationale:** There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

**Lidocaine:** Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

Kweller, Esq., Zachary : 07/14/2020

Castro, Mario : 07/14/2020

UR, Chubb : 07/14/2020

UR, Chubb : 08/26/2020

**This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 07/17/2020**


State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Bembem G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller	99205	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 06/19/2020 at 11:10 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

**CC:**

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169

Nurse Case Manager (if applicable):



## **Pain & Rehabilitative**

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### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD**  
**Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

### **Visit Note**

#### **Provider:**

**Supervising: Babak J, Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Jun 12, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.



## **SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. We also have Dr. Bathia's BUE EMG report from 2/10/20. Our request for surgical consult for the neck was denied and will be appealed.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills today.

## **Medical History:**

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.  
The patient does not drink alcoholic beverages.  
The patient does not use illicit drugs.  
The patient is not married.  
The patient has a significant other.  
The patient has no children.  
Patient does not have a family history of childhood abuse.  
Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

Surgical Consult (99205) Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

**TREATMENT PLAN:**

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

**Plan:**

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. We will request for surgical consult for the bilateral elbows today to address bilateral ulnar neuropathy, with Dr. Leonard Gordon.

- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.

- The patient has been approved for 12 additional sessions of acupuncture treatment. We will monitor his response.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections at this time. Our request for surgical consultation with Dr. Paul Slosar was denied and will be appealed.

-No medications refilled at this visit.

Follow up in 4-6 weeks.

## **WORK STATUS:**

**WORK STATUS:** The patient is not permanent and stationary.

**Work restrictions:** Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

## **TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of

accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

#### **CC:**

Kweller, Esq., Zachary : 06/19/2020

Castro, Mario : 06/19/2020

UR, Chubb : 06/19/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/18/2020

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

**Requested Treatment (see instructions for guidance, attached additional pages if necessary)**

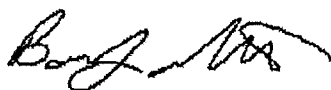
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	Surgical Consult for the Neck- with Dr. Paul Slosar.	99205	
		12 sessions of acupuncture for bilateral arms.	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

Date: 06/04/2020 at 07:30 AM(PT)



Requesting Physician Signature:

**Claims Administrator/Utilization Review Organization (URO) Response**

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)  
☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169

**Nurse Case Manager (if applicable):**





## **Pain & Rehabilitative** **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

### **Visit Note**

**Provider:**

**Supervising:** Babak J. Jamasbi, M.D.

**Performing:** Jessica Aikin, PA-C

**Encounter Date:** May 29, 2020

**Patient:** Shockley, Jonathan (PT00023609)

**Sex:** Male

**DOB:** Sep 27, 1978    **Age:** 41 Year

**Race:** Unreported/Refused to Report

**Address:** 1000 Sutter St Room 123, San Francisco CA 94109    **Pref. Phone(H):**  
415-312-4029

**Primary Dr.:** Babak Jamasbi, M.D.

**Referred By:** Babak Jamasbi, M.D.

**Injury Date:** 02/15/2019

**Employer:** Biotelemetry, Inc

**Case Insurance:** Chubb Son of Federal Ins Company

**Claim No.:** 040519008736

**VISIT TYPE:**

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:  
Upright spinal posture

Motor:  
Patient is able to stand up from a chair unassisted.  
Gait is narrow based and steady.

UE/LE muscle strength:  
Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

## **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

## **FORMAL REQUEST FOR AUTHORIZATION:**

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

**TREATMENT PLAN:**

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

**Plan:**

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

**WORK STATUS:**

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

## **JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the kncc: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

Castro, Mario : 06/04/2020

UR, Chubb : 06/04/2020

This visit note has been electronically signed off by Jamashi, Babak J., M.D. on 06/01/2020



# Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

09/27/1978

06/04/2020

Jonathan Shockley

Name

Date

1000 Sutter St Room 123

San Francisco, CA 94109

Address

12 sessions of Acupuncture for bilateral arms

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm  
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm  
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm  
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm  
M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

Refill

☐ Do Not Substitute

M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☐ Arzhang Zereski, M.D.

DEA#: FZ3404477 / LIC#: A119704

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677


☐ Shobreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

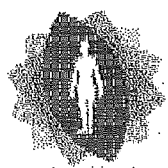
<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Christian G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 ext 471</b>		Fax Number: <b>510-647-5105</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1 REF: 1		
		Date of Visit: May 29, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 06/03/2020 at 03:59 PM(PT)	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



## **Pain & Rehabilitative**

### **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

### **Visit Note**

**Provider:**

**Supervising:** Babak J. Jamasbi, M.D.

**Performing:** Jessica Aikin, PA-C

**Encounter Date:** May 29, 2020

**Patient:** Shockley, Jonathan (PT00023609)

**Sex:** Male

**DOB:** Sep 27, 1978    **Age:** 41 Year

**Race:** Unreported/Refused to Report

**Address:** 1000 Sutter St Room 123, San Francisco CA 94109    **Pref. Phone(H):**  
415-312-4029

**Primary Dr.:** Babak Jamasbi, M.D.

**Referred By:** Babak Jamasbi, M.D.

**Injury Date:** 02/15/2019

**Employer:** Biotelemetry, Inc

**Case Insurance:** Chubb Son of Federal Ins Company

**Claim No.:** 040519008736

**VISIT TYPE:**

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

## **OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

## **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

## **FORMAL REQUEST FOR AUTHORIZATION:**

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

**DIAGNOSIS:**

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

**TREATMENT PLAN:**

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

**Plan:**

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

**WORK STATUS:**

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds



## **JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

## Rodriguez, Crystal

---

**From:** Hulbert, Barbara A <bhulbert@chubb.com>  
**Sent:** Tuesday, May 26, 2020 3:24 PM  
**To:** GM-ORCA-Chubb UR  
**Subject:** FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID : 040519008736 DOI: 02/15/2019

**Importance:** High

**Categories:** RFA Deferral Letter - NEEDS TO BE COMPLETED

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RE E script request for PENNSAID, please send Notice of Deferral letter to prescriber no RFA or medical report received re medication request

Thank you

Barb



**Barbara Hulbert RN, CCM**  
Medication Management Specialist

Western Territory, Workers Compensation Claims  
PO Box 42065 , Phoenix AZ 85027, USA  
O 414 221 7610 F 800 664 1765  
E [bhulbert@chubb.com](mailto:bhulbert@chubb.com)

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**From:** Rauen, Mary Beth  
**Sent:** Thursday, May 21, 2020 6:53 AM  
**To:** Hulbert, Barbara A <bhulbert@chubb.com>  
**Subject:** FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID : 040519008736 DOI: 02/15/2019

---

**From:** Turner, Shanovia S. (STL) [<mailto:STurner4@express-scripts.com>]  
**Sent:** Thursday, May 21, 2020 4:55 AM  
**To:** Rauen, Mary Beth <[mrauen@chubb.com](mailto:mrauen@chubb.com)>  
**Cc:** WCMP PA Folder <[WCMPPAFolder@express-scripts.com](mailto:WCMPPAFolder@express-scripts.com)>  
**Subject:** [EXTERNAL] Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID : 040519008736 DOI: 02/15/2019

Hello,

The pharmacy is attempting to process a prescription(s) for the below claimant. We need your authorization before proceeding with adjudication:

The prescription is rejecting for the following reason(s):

=====

IW Name & PRN : JONATHAN SHOCKLEY XXXXX7160

Client Claim ID : 040519008736 DOI: 02/15/2019

Elig Status/Term Date: A 00/00/0000 Group: 1359

Reject Codes : 70 75 DRUG NOT ON FORMULARY

PHARMACY INFORMATION

=====

Pharmacy Name : WALGREENS #13666

NABP # : 563367

Address : 1300 BUSH ST

City, State & zip : SAN FRANCISCO,CA 94109

Phone # : 415-771-3303

RX REQUEST

=====

Date Service/Written: 05/20/2020 05/20/2020

Medication : PENNSAID Strength: 20MG/G(2%)

Type of medication : NSAID AGENTS Drug Type: SSB

Quantity : 112.000 # Refills: 00 Compound: N

Day's Supply : 15 AWP: 26.65089 Route Desc: TOPICAL

NDC # : 75987004005 GCN: 35936 GC3: Q5E

Prescriber DEA/NPI : FA6364551 1770970055 MED INDV: 0 CUM: 0

Name/Phone : KWON, MELISSA A (MD) 415-600-0140

Please respond by clicking "**Reply to All**" as soon as possible. If you have any questions, please contact myMatrixx at 1-800-945-5951.

Thank you,

myMatrixx®, an Express Scripts company

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071738154  
Biotelemetry Inc  
M0519008736  
Jonathan Shockley  
Claimant Evaluation  
Codes & Percentage  
Indemnity  
Medical  
in Networks Medical Ca  
telemetry Inc (Contact  
lix Health LP (Other)  
pe Date (Low Payee)  
antoni & Collins (Defen  
antoni, Collins, Marren,  
Vel Corporation (Medica  
(Other)

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rev Analysis	Disposition
<b>Claim Level Information</b>				
Claim File Status:	Open	Injury Sustained:	Left and Right Hand	
Date of Loss:	2/15/2019	First Day of Lost Time:		
Date Reported:	2/16/2019	Last Day Worked:		
Benefit State:	California	Returned to Work date:		
SHI Exist:	Yes	Type of Duty Emp returned to:		
SIU Exist:	No	MMI Date:		
Subrogation Exist:	No	<b>Disposition</b>		
Compensability Denied:	No	Final Settlement:		
Date of Birth:	9/27/1976	Represented by Attorney	No	
Adjusted AWW:	956.63	<b>Financial Summary</b>		
Weekly Comp Rate - TTD:	637.76	Claimant/Medical: 01-1 Jonathan Shockley / Medical		
Summary of Facts:		Snapshots		
This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: injured worker has been initially seen by Dr. Patrick O'Lang on				
Action Plan:		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity		
Manage treatment with Dr. Jamasbl		Loss Reserve: 0.00		
Pay out retro benefits and manage ongoing new benefits		Loss Paid-to-Date: 0.00		
		Loss Reserve: 0.00		
		Loss Paid-to-Date: 0.00		
		Lost Payment:		

Claimant Evaluation - Jonathan Shockley				
Summary	Investigation	Med/Disability	Rev Analysis	Disposition
Injury Sustained:		Defense IME:		
Left and Right Hand		Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tuik 201 Spear Street Suite 1100		
<input type="checkbox"/> Employee taken to Emergency Room within 24 hrs of Injury				
<input type="checkbox"/> Other medical treatment within 24 hours				
Impairment Disability %:		0.00		
Impairment % Basis Code:		<None>		
Surgery?		<None>		
Permanency:		Disability Analysis:		
Pharmacy Card: <input checked="" type="radio"/> Active <input type="radio"/> Inactive		Ex Pay: <input type="radio"/> Active <input checked="" type="radio"/> Inactive		
Medical Status:		Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102		
Co-Morbidity Factors:		*None		



## Rodriguez, Crystal

---

**From:** Rauen, Mary Beth <mrauen@chubb.com>  
**Sent:** Tuesday, April 28, 2020 8:43 AM  
**To:** GM-ORCA-Chubb UR  
**Subject:** Send deferral letter for no RFA (Notice of Deferred RFA letter) - 040519008736 Jonathan Shockley

**Categories:** RFA Deferral Letter - NEEDS TO BE COMPLETED

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Please send deferral letter for no RFA (Notice of Deferred RFA letter) for medication listed below

---

Claim #040519008736 Jonathan Shockley; Auth ID: 210053148  
California Jurisdiction; Fill date: 4-24-2020 Retail; # of refills: 0

Lidocaine 5% / Rx #: 000000525543

Generic Available

NDC: 51672302002

DAW: 0

Qty: 60 / 30-day supply

Date Written: 04/24/20

Individual MED: 0

Cumulative MED: 0

Prescriber: JESSICA AIKIN

Phone: (650) 723-6469

DEA: MA3224069

NPI: 1033524384

Pharmacy: WALGREENS #13666

State: CA

Phone: (415) 771-3303

Fax: (415) 771-0113

---

**CHUBB**

Regards,  
Mary Beth Rauen, RN - MMS  
Medication Management Specialist, Claims

Worker Compensation, Western Claim Service Center  
P.O. Box 42065, Phoenix, AZ 85027, USA  
O: 312-529-6792 F. 800-664-1765  
E: [mrtauen@chubb.com](mailto:mrtauen@chubb.com)

ACE and Chubb are now one.

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1738154  
Telemetry Inc  
0519008735

Jonathan Shockley

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

Claim Level Information		Med/Disability
Claim File Status:	Open	Injury Sustained:
Date of Loss:	2/15/2019	Left and Right Hand
Date Reported:	2/16/2019	
Benefit State:	California	First Day of Lost Time:
SIH Exist:	Yes	Last Day Worked:
SIU Exist:	No	Returned to Work date:
Subrogation Exist:	No	Type of Duty Emp returned to:
Compensability Denied:	No	MMI Date:
Date of Birth:	9/27/1978	Disposition
Adjusted AWW:	956.63	Final Settlement:
Weekly Comp Rate:	637.76	Represented by Attorney No
TTD:		
Summary of Facts:	Snapshot	Financial Summary
This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on		Claimant/Medical: 01-1 Jonathan Shockley / Medical
Action Plan:		Loss Reserve: 0.00
Manage treatment with Dr. Jamesbi		Loss Paid-to-Date: 0.00
Address Panel Qualified Medical Evaluation by Dr. Stofer		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
		Loss Reserve: 0.00
		Loss Paid-to-Date: 0.00
		Last Payment:

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rsv Analysis Disposition

Injury Sustained: ☒ Defense IME:

Left and Right Hand Christian Charles Colantoni  
Colantoni, Collins, Marren, Phillips and Tulk  
201 Spear Street  
Suite 1100

☐ Employee taken to Emergency Room within 24 hrs of Injury

☐ Other medical treatment within 24 hours

Impairment Disability %: 0.00

Impairment % Basis Code: <None>

Surgery? <None>

Permanency:

Claimant IME:

Farber & Co  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621  
510-444-2512

Represented By: No

Attorney:

Disability Analysis:

Pharmacy Card: ☒ Active ☐ Inactive Ex Pay: ☐ Active ☒ Inactive

Medical Status:

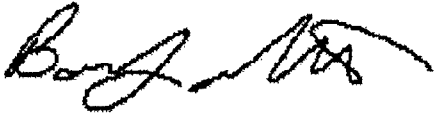
Hand Center of San Francisco  
Patrick O'Lang MD  
601 Van Ness Ave. Ste. 2018  
San Francisco, CA 94102

Co-Morbidity Factors: \*None

State of California, Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>		Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>		
Claim Number: <b>040519008736</b>		Employer: <b>Biotelemetry, Inc</b>		
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>		Contact Name: <b>Lyka for Christian</b>		
Address: <b>1335 Stanford Ave</b>		City: <b>Emeryville</b>	State: <b>CA</b>	
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 ext 471</b>	Fax Number: <b>510-647-5105</b>		
Specialty: <b>Pain Management</b>		NPI Number: <b>1376637199</b>		
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>		Contact Name: <b>Castro, Mario</b>		
Address: <b>P.O. Box 42065</b>		City: <b>Phoenix</b>	State: <b>AZ</b>	
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>	Fax Number: <b>800-664-1765</b>		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00 REF: 1 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00		
		Date of Visit: Apr 24, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 04/27/2020 at 04:30 PM(PT)	
			Requesting Physician Signature:	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (If assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**CC:**

**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169



## **Pain & Rehabilitative**

---

### **CONSULTANTS MEDICAL GROUP**

**Babak Jamasbi, MD | Brendan Morley, MD**  
**Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

**1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105**

### **Visit Note**

#### **Provider:**

**Supervising: Babak J. Jamasbi, M.D.**

**Performing: Jessica Aikin, PA-C**

**Encounter Date: Apr 24, 2020**

**Patient: Shockley, Jonathan (PT00023609)**

**Sex: Male**

**DOB: Sep 27, 1978 Age: 41 Year**

**Race: Unreported/Refused to Report**

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029**

**Primary Dr.: Babak Jamasbi, M.D.**

**Referred By: Babak Jamasbi, M.D.**

**Injury Date: 02/15/2019**

**Employer: Biotelemetry, Inc**

**Case Insurance: Chubb Son of Federal Ins Company**

**Claim No.: 040519008736**

#### **VISIT TYPE:**

#### **PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## **SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". he continues to report numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He was approved for acupuncture treatment, he has had around 3 sessions so far.

He had a cervical MRI, we do have this for review. EMG was done at his QME evaluation, we do not have this report.

With regard to medications, he does report improvement with topical medications. He denies side effects with Lidocaine cream and voltaren gel. He requests for refills today.

## **Medical History:**

### **PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### **PAST SURGICAL HISTORY**

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

## **Social History:**

### **PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.  
The patient does not drink alcoholic beverages.  
The patient does not use illicit drugs.  
The patient is not married.  
The patient has a significant other.  
The patient has no children.



Patient does not have a family history of childhood abuse.  
Patient does not have a family history of sexual abuse.  
Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

**OBJECTIVE FINDINGS:**

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

**Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

**DIAGNOSIS:**

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

**PRESCRIPTION:**

**1 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00. REF: 1

**2 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

**TREATMENT PLAN:**

**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working.

**Plan:**

- He has been approved for additional acupuncture therapy, he has had around 3 session so far. He has discontinued massage therapy due to increased in pain.

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG at that evaluation, we will work on obtaining a copy of this report.

- MRI of the cervical spine from 4/3/20 was reviewed today with the patient. This shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral NF stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient will take some time to think about this and we will consider requesting at subsequent follow up visits.

-With regard to medication, we have prescribed Voltaren gel and 5% lidocaine ointment. Will consider trial of neuropathic medications in the future, the patient prefers topical medications at this time.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

**WORK STATUS:**

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct contact via telemedicine with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under

penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### **JUSTIFICATION:**

**Lidocaine cream:** The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

**Voltaren Gel:** The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

**CC:**

Kweller, Esq., Zachary : 04/27/2020

Castro, Mario : 04/27/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 04/27/2020

\*\*



## Non-Certification Recommendation

**CLAIM #:** 040519008736 **INSURED:** Biotelemetry, Inc. / Chubb & Son (WC) - Los Angeles, CA  
**DOI:** 02/15/2019 **CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley **ADJUSTER:** Mario Castro  
**CORVEL #:** 139249073-UMO-25

**Determination Date:** 07/21/2020  
**RFA Received Date:** 07/14/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-25

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, David Hoenig, M.D., CA #A82847, who is board certified in Pain Medicine, Neurology and Brain Injury Medicine, was unable to recommend the requested treatment. The non-certification decision was made on 07/21/2020.

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124	7/21/20	7/21/21		

Guidelines used in the determination process:

ACOEM, Chronic Pain, effective May 15, 2017



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The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator. You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Ann Collier, RN  
Utilization Management Department

cc: Office Copy

Mario Castro

\*\*



Jonathan Shockley

Farber & Co

Christian Charles Colantoni

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill  
review for the purpose of determining whether the medical services were accurately billed.*

State of California, Division of Workers' Compensation  
**APPLICATION FOR INDEPENDENT MEDICAL REVIEW**  
DWC Form IMR

**TO REQUEST INDEPENDENT MEDICAL REVIEW:**

1. Sign and date this application and consent to obtain medical records.
2. Mail or fax the application **and** a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:  
DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Expedited	Modification after appeal <input type="checkbox"/>
<b>Employee Name (First, MI, Last):</b> Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number (if assigned): 2019022115295475087374	EAMS Case Number (if applicable): ADJ12031731
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
<b>Requesting Physician Name (First, MI, Last):</b> Babak Jamasbi, MD	
Practice Name: PRCMG	Specialty: Pain Management
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 847-5105
<b>Claims Administrator Name:</b> Chubb & Son (WC) - Los Angeles, CA /	
Adjuster/Contact Name: Mario Castro	
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
<b>Disputed Medical Treatment (Complete below section)</b>	
Primary Diagnosis (Use ICD Code where Practical): M70.832	
Date of Utilization Review Determination Letter: 07/21/2020	
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:	
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.	
1. 12 sessions of acupuncture for the bilateral hands, wrists, and forearms	
<b>Request for Review and Consent to Obtain Medical Records</b>	
I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical reports and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.	
Employee Signature:	Date:

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

**IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.**

**You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.**

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc.  
P.O. Box 138009, Sacramento, CA 95813-8009  
FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

### **Your Right to Provide Information**

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free 1-800-736-7401. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov). DWC Form IMR (Effective 2/2014)

**Authorized Representative Designation for Independent Medical Review  
(To accompany the Application for Independent Medical Review, DWC Form IMR)**

**Section I. To be completed by the Employee:**

Employee Name (Print):	
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I wish to designate

Name of Individual (Print):	
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to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law I can end my permission sooner if I wish.

Employee Signature:		Date:
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**Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.**

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:	
I am a/an:	
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)	
Address:	

City:	State:	Zip Code:
Phone Number:	Fax Number:	
State Bar Number (if applicable):		
Representative Signature:		Date:





Network Medical Review Co. Ltd.

An ExamWorks Company

**FILE TYPE:** Prospective  
**REFERRED BY:** Ann Collier  
**NAME:** Jonathan Shockley  
**CASE #:** 040519008736  
**EMPLOYER:** Biotelemetry, Inc.  
**DOI:** 2/15/2019  
**REVIEW TYPE:** Prospective  
**NMR #:** 365224  
**STATE JURISDICTION:** CA  
**DATE:** 7/21/2020

**TELECONFERENCE #1:**

- 1) AP NAME: Babak Jamasbi MD
- 2) (510) 647-5101
- 3) DATE: 7/20/2020
- 4) TIME: 2:50 PM PDT
- 5) PERSON SPOKEN WITH: Voicemail
- 6) POSITION OF PERSON SPOKEN WITH: Voicemail

**SUMMARY OF CONVERSATION:** I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

**TELECONFERENCE #2:**

- 1) AP NAME: Babak Jamasbi MD
- 2) (510) 647-5101
- 3) DATE: 7/21/2020
- 4) TIME: 8:00 AM PDT
- 5) PERSON SPOKEN WITH: Voicemail
- 6) POSITION OF PERSON SPOKEN WITH: Voicemail

**SUMMARY OF CONVERSATION:** I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

**MEDICAL RECORDS:**

PROGRESS NOTES	Pain & Rehabilitative Consultants Medical Group	07/10/20-07/14/20
UR HISTORY REPORT		07/17/20 +Undated
MISC		07/14/20-07/20/20 +Undated

**CLINICAL SUMMARY:** On 7/10/2020, the patient sees Jessica Aiken, PA-C. Date of reported injury is 2/15/2015. The patient has bilateral arm and hand pain. Pain is better with conservative treatment. The patient had acupuncture with up to 20% pain reduction. The patient is taking medications. On exam, there is no abnormal pathology. It is a telemedicine visit. Plan is for medication and acupuncture.

All available medical documentation was reviewed.

**Requested Treatment:**

Is 12 sessions of acupuncture for the bilateral hands, wrists, and forearms medically necessary?

**Determination:**

Not Certified

**IN ANSWER TO YOUR SPECIFIC QUESTIONS:**

**Is 12 sessions of acupuncture for the bilateral hands, wrists, and forearms medically necessary?**

**ASSESSMENT:** Not Certified

**EXPLANATION FOR ASSESSMENT:** Per MTUS, "Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises." Based on the documentation provided, the ACOEM, Chronic Pain, effective May 15, 2017, is not satisfied. In particular, there is no documentation of significant functional improvement with prior acupuncture. Therefore, this request is not certified.

**REFERENCES UTILIZED:**

ACOEM, Chronic Pain, effective May 15, 2017

Acupuncture for Chronic Persistent Pain

Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence Recommended, Insufficient Evidence (I)

Level of Confidence Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning.

Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

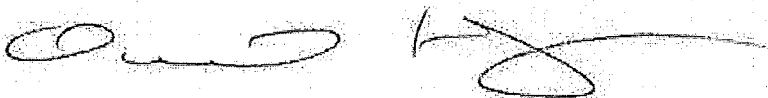
Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

**Conflict of Interest Attestation:**

I certify that I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review. I do not have a material professional, familial, or financial conflict of interest (financial conflict of interest is defined as ownership interest of greater than 5%) regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principle drug, device, procedure or other therapy being recommended for the covered person whose treatment is the subject of the review.

This attestation certifies that the peer reviewer named below has the appropriate scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and has current, relevant experience and/or knowledge to render a determination for the case under review.



David Hoenig, M.D.  
Board Certified in Neurology  
Board Certified in Pain Medicine  
Board Certified in Brain Injury Medicine  
Licensed in State of CA #A82847

***NMR Conflict of Interest Attestation:***

*NMR attests to the fact that there is no conflict of interest with this review for referring entity, benefit plan, enrollee/consumer, attending provider, facility, drug, device or procedure. NMR attests that its compensation is not dependent on the specific outcome of this review or has had any involvement with this case prior to this referral.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-33

**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**ADJUSTER:** Mario Castro

**Determination Date:** 11/13/2020  
**RFA Received Date:** 11/09/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-33  
MyMatrixx-ESI Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
Email: wcmppafolder@express-scripts.com  
**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 11/13/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren 1% Gel	#100	1	No				
Certified	Voltaren 1% Gel Dispense Generic	#100	1	No	11/13/20	1/13/21		
Requested	Lidocaine 5% ointment	#60	1	No				
Certified	Lidocaine 5% ointment Dispense Generic	#60	1	No	11/13/20	1/13/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

---

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 714.385.8500 | f 866.910.4423



Wendy Judd, RN  
Utilization Management Department  
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill  
review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-32  
**ADJUSTER:** Mario Castro

**Determination Date:** 10/05/2020  
**RFA Received Date:** 09/29/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-32  
MyMatrixx ESI Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
**Network:** Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 10/05/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment (Dispense generic)	#60		No	10/5/20	11/5/20		
Requested	Voltaren 1% Gel	#1		No				
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	10/5/20	11/5/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager  
Utilization Management Department





cc: Office Copy  
Mario Castro  
Jonathan Shockley  
Farber & Co  
Colantoni, Coll Marren, Phillips and  
Hulbert, Barbara

**\*\*NOTE\*\***

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delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-31  
**ADJUSTER:** Mario Castro

**Determination Date:** 09/28/2020  
**RFA Received Date:** 09/21/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-31  
MyMatrixx ESI Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
Email: wcmppafolder@express-scripts.com  
**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/28/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Gabapentin	300mg #30		No				
Certified	Gabapentin (Dispense generic)	300mg #30	0	No	9/28/20	10/28/20		
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment (Dispense generic)	#60	0	No	9/28/20	10/28/20		
Requested	Voltaren 1% Gel	#1		No				
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	9/28/20	10/28/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Elena Vega, UR Nurse Case Manager  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

**\*\*NOTE\*\***

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with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill  
review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736

**DOI:** 02/15/2019

**INSURED:** Biotelemetry, Inc.

**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** Jonathan Shockley

**CORVEL #:** 139249073-UMO-30

**ADJUSTER:** Mario Castro

**Determination Date:** 09/17/2020

**RFA Received Date:** 09/11/2020

**Provider:** Babak Jamasbi, MD

**Pre-cert #:** 139249073-UMO-30

**Network:**

Physical Medicine - PT, OT, Chiropractic, Acupuncture:

One Call PT / OCM

Phone: 866-389-0211

Fax: 904-998-0299

Email: PT@onecallcm.com

Online: myeasyreferral.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/17/2020 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Aquatic Therapy	6			Left - Elbow, Left - Wrist(s) & Hand(s), Right - Elbow, Right - Wrist(s) & Hand(s)	97113				
Certified	Aquatic Therapy	6			Left - Elbow, Left - Wrist(s) & Hand(s), Right - Elbow, Right - Wrist(s) & Hand(s)	97113	9/17/20	3/17/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Ann Collier, RN  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736

**DOI:** 02/15/2019

**INSURED:** Biotelemetry, Inc.

**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** Jonathan Shockley

**CORVEL #:** 139249073-UMO-29

**ADJUSTER:** Mario Castro

**Determination Date:** 09/15/2020

**RFA Received Date:** 09/08/2020

**Provider:** Babak Jamasbi, MD

**Pre-cert #:** 139249073-UMO-29

MyMatrixx ESI Phone:866-672-2482

Escalations: Phone:877-292-1226

**Network:** Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/15/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Gabapentin	300mg #30		No				
Certified	Gabapentin (Dispense generic)	300mg #30	0	No	9/15/20	10/15/20		
Requested	Lidocaine 5% ointment	#60		No				
Certified	Lidocaine 5% ointment (Dispense generic)	#60	0	No	9/15/20	10/15/20		
Requested	Voltaren 1% Gel	#1		No				
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	9/15/20	10/15/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1





Sincerely,

Elena Vega, UR Nurse Case Manager  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

**\*\*NOTE\*\***

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with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-28  
**ADJUSTER:** Mario Castro

**Determination Date:** 09/02/2020  
**RFA Received Date:** 08/26/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-28  
MyMatrixx ESI Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
**Network:** Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/02/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine ointment	5% #60	0	No				
Certified	Lidocaine ointment (Dispense generic)	5% #60	0	No	9/2/20	10/2/20		
Requested	Voltaren gel	1% #1	0	No				
Certified	Voltaren gel (Dispense generic)	1% #1	0	No	9/2/20	10/2/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager  
Utilization Management Department



cc: Office Copy  
Mario Castro  
Jonathan Shockley  
Farber & Co  
Colantoni, Coll Marren, Phillips and  
Hulbert, Barbara

**\*\*NOTE\*\***

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with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736

**DOI:** 02/15/2019

**INSURED:** Biotelemetry, Inc.

**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** Jonathan Shockley

**CORVEL #:** 139249073-UMO-26

**ADJUSTER:** Mario Castro

**Determination Date:** 08/17/2020

**RFA Received Date:** 08/11/2020

**Provider:** Babak Jamasbi, MD

**Pre-cert #:** 139249073-UMO-26

**Network:**

Pharmacy:

myMatrixx - ESI

Phone: 866-672-2482

Escalations Phone: 877-292-1226

Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 08/17/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine 5% Ointment	QTY 60		No				
Certified	Lidocaine 5% Ointment (dispense generic)	QTY 60		No	8/17/20	9/17/20		
Requested	Voltaren 1%Gel	QTY 1		No				
Certified	Voltaren 1% Gel (dispense generic)	QTY 1		No	8/17/20	9/17/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Ann Collier, RN  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

**\*\*NOTE\*\***

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delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-22  
**ADJUSTER:** Mario Castro

**Determination Date:** 06/11/2020  
**RFA Received Date:** 06/04/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-22

Pharmacy:  
myMatrixx - ESI  
Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
Email: wcmppafolder@express-scripts.com

**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 6/11/20 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine ointment	5% 60g	0	No				
Certified	Lidocaine ointment (Dispense Generic)	5% 60g	0	No	6/11/20	7/11/20		
Requested	Voltaren gel	1% #1	1	No				
Certified	Voltaren gel Dispense Generic)	1% #1	1	No	6/11/20	8/11/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1





Sincerely,

Linda Dinerman, RN  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

Hulbert, Barbara

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-21  
**ADJUSTER:** Mario Castro

**Determination Date:** 06/10/2020  
**RFA Received Date:** 06/04/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-21  
 One Call PT / OCM  
**Phone:** 866-389-0211  
**Fax:** 904-998-0299  
**Email:** PT@onecallcm.com  
**Online:** myeasyreferral.com

**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 06/10/2020 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124				
Certified	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124	6/10/20	12/10/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN  
Utilization Management Department  
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

**\*\*NOTE\*\***

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with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-17  
**ADJUSTER:** Mario Castro

**Determination Date:** 05/01/2020  
**RFA Received Date:** 04/27/2020  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-17  
MyMatrixx-ESI Phone: 866-672-2482  
Escalations: Phone: 877-292-1226  
Email: wcmppafolder@express-scripts.com  
**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 05/01/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren 1% Gel	#1	1	No				
Certified	Voltaren 1% Gel Dispense Generic	#1	1	No	5/1/20	7/1/20		
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment Dispense Generic	#60	0	No	5/1/20	6/1/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

---

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 714.385.8500 | f 866.910.4423



Wendy Judd, RN  
Utilization Management Department  
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



## Claims Examiner Authorization

**CLAIM #:** 040519008736

**DOI:** 02/15/2019

**INSURED:** Biotelemetry, Inc.

**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** Jonathan Shockley

**CORVEL #:** 139249073-UMO-24

**ADJUSTER:** Mario Castro

**Determination Date:** 06/23/2020

**RFA Received Date:** 06/19/2020

**Provider:** Babak Jamasbi, MD

**Pre-Cert #:** 139249073-UMO-24

**Network:** N/A

The below request is **AUTHORIZED**. The decision was made on 6/23/20 and is summarized below:

CONSULT					
Determination	Type of Consult	Effective Date	Termination Date	Facility	Provider
Requested	Surgical consult for bilateral elbows	6/23/20	12/23/20		
Certified	Surgical consult for bilateral elbows	6/23/20	12/23/20		

Claims Examiner: Mario Castro

Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.*



**CHUBB®**

**Date:** 08/18/2020

**Delivery Method:**

**Name:** Babak Jamasbi, MD  
**Address:** 1335 Stanford Ave., Emeryville, CA 94608  
**Attention:** Babak Jamasbi, MD

**Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF  
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED  
TREATMENT**

**Provider:** Babak Jamasbi, MD  
**Claimant:** Jonathan Shockley  
**ClaimNumber:** 040519008736  
**Date of Loss:** 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 08/13/2020
- (C) Proposed medical treatment for which authorization was requested:  
Trigger Point Injections, Surgical Consult for the Neck

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Cervical spine and trapezius muscles. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

**TO THE INJURED WORKER:**

*"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."*

*And,*

*“For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”*

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist  
Phone: (213) 612-0880

Copies: Jonathan Shockley  
Co Farber &

**CHUBB®**

**Date:** 06/08/2020

**Delivery Method:**

**Name:** Babak Jamasbi, MD  
**Address:** 1335 Stanford Ave., Emeryville, CA 94608  
**Attention:** Bembem G.

**Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF  
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED  
TREATMENT**

**Provider:** Babak Jamasbi, MD  
**Claimant:** Jonathan Shockley  
**ClaimNumber:** 040519008736  
**Date of Loss:** 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 06/04/2020
- (C) Proposed medical treatment for which authorization was requested:  
Acupuncture x12 to bilateral upper arms and Surgical consult for the neck with  
Dr. Paul Slosar

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Neck, bilateral upper arms. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

**TO THE INJURED WORKER:**

***“You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me.”***

***And,***

***“For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”***

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist  
Phone: (213) 612-0880

Copies: Jonathan Shockley  
Co Farber &



## NOTICE OF DEFERRED RFA

Date: 6/23/2020

Requesting provider: Babak Jamasbi, MD  
Address: 1335 Stanford Ave.  
City, State, Zip: Emeryville, CA 94608

**Re:** Jonathan Shockley  
**Employer:** Biotelemetry, Inc.  
**Claim No.:** 040519008736  
**Date of Injury:** 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

**Receipt Date:** 06/19/2020

**Service(s) Request:** Only top portion of RFA received. If you have not done so already please re-fax complete rfa to the number below.

**Reason:** RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro  
Claims Specialist  
(213) 612-5785 fax

Enclosure:

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NOTICE OF DEFERRED RFA

Date: 6/8/2020

Requesting provider: Babak Jamasbi, MD  
Address: 1335 Stanford Ave.  
City, State, Zip: Emeryville, CA 94608

**Re:** Jonathan Shockley  
**Employer:** Biotelemetry, Inc.  
**Claim No.:** 040519008736  
**Date of Injury:** 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

**Receipt Date:** 06/05/2020      **DOS:** 5/29/2020  
**Service(s) Request:** Lidocaine 5% # 60

**Reason:** RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro  
Claims Specialist  
(213) 612-5785 fax

Enclosure:



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NOTICE OF DEFERRED RFA

Date: 5/26/2020

Requesting provider: Melissa Kwon, MD  
Address: 1100 Van Ness Ave., # Level 4  
City, State, Zip: San Francisco, CA 94109

**Re:** Jonathan Shockley  
**Employer:** Biotelemetry, Inc.  
**Claim No.:** 040519008736  
**Date of Injury:** 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

**Receipt Date:** 05/26/2020      **DOS:** 5/20/2020  
**Service(s) Request:** Pennsaid 20MG/G (2%) #112

**Reason:** RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro  
Claims Specialist  
(213) 612-5785 fax

Enclosure:

**Utilization Review Determination Report**  
 Claim: 040519008736 Claimant: Jonathan Shockley

**MEDICATION**

Service Code	Determ. Date	Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Diagnosis	Facility	Provider	Net Tx. Req.	Net Tx. Details	Eff. Date	End Date	Determination Notes
UMO-33 CA	11/13/20	Certified		Voltaren 1% Gel Dispense Generic	#100	1	No				Yes	MyMatrix x-ESI Phone: 866-672-2482	11/13/20	1/13/21	
UMO-33 CA	11/13/20	Certified		Lidocaine 5% ointment Dispense Generic	#60	1	No				Yes	MyMatrix x-ESI Phone: 866-672-2482	11/13/20	1/13/21	
UMO-32 CA	10/5/20	Certified		Voltaren 1% Gel	#1	0	No				Yes	MyMatrix x-ESI Phone: 866-672-2482 Escalation	10/5/20	11/5/20	
UMO-32 CA	10/5/20	Certified		Lidocaine 5% Ointment	#60		No				Yes	MyMatrix x-ESI Phone: 866-672-2482 Escalation	10/5/20	11/5/20	
UMO-31 CA	9/28/20	Certified		Voltaren 1% Gel	#1	0	No				Yes	MyMatrix x-ESI Phone: 866-672-2482 Escalation	9/28/20	10/28/20	
UMO-31 CA	9/28/20	Certified		Lidocaine 5% Ointment	#60	0	No				Yes	MyMatrix x-ESI Phone: 866-672-2482 Escalation	9/28/20	10/28/20	
UMO-31 CA	9/28/20	Certified		Gabapentin	300mg #30	0	No				Yes	MyMatrix x-ESI Phone: 866-672-2482 Escalation	9/28/20	10/28/20	

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**Utilization Review Determination Report**  
**Claim: 040519008736 Claimant: Jonathan Shockley**

UMO-29 CA	9/15/20	Certified							0	No					Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/15/20	10/15/20	
UMO-29 CA	9/15/20	Certified							0	No					Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/15/20	10/15/20	
UMO-29 CA	9/15/20	Certified							0	No					Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/15/20	10/15/20	
UMO-28 CA	9/2/20	Certified							0	No					Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/2/20	10/2/20	
UMO-28 CA	9/2/20	Certified							0	No					Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/2/20	10/2/20	
UMO-26 CA	8/17/20	Certified								No					Yes	myMatrix x - ESI	8/17/20	9/17/20	
UMO-26 CA	8/17/20	Certified								No					Yes	myMatrix x - ESI	8/17/20	9/17/20	
UMO-22 CA	6/11/20	Certified							1	No					Yes	Pharmacy : myMatrix x - ESI Phone: 866-672- 2482	6/11/20	8/11/20	

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**Utilization Review Determination Report**  
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UMO-22 CA	6/11/20	Certified		Lidocaine ointment (Dispense Generic)	5% 60g	0	No					Yes	Pharmacy : myMatrix x - ESI Phone: 866-672-2482	6/11/20	7/11/20	
UMO-17 CA	5/1/20	Certified		Lidocaine 5% Ointment Dispense Generic	#60	0	No	M70.832				Yes	MyMatrix x-ESI Phone: 866-672-2482	5/1/20	6/1/20	
UMO-17 CA	5/1/20	Certified		Voltaren 1% Gel Dispense Generic	#1	1	No	M70.832				Yes	MyMatrix x-ESI Phone: 866-672-2482	5/1/20	7/1/20	
UMO-14 CA	4/3/20	Certified		Lidocaine 5% Ointment	#60	0	No	M70.832, M70.831, M70.822, M70.821, Z79.899				Yes	Per CA MTUS/AC OEM/OD G/MD Guidelines & medical necessity	4/3/20	5/3/20	
UMO-13 CA	3/10/20	Certified		Voltaren 1% Gel (Dispense Generic)	-	1	No	M70.832, M70.831, M70.822, M70.821, Z79.899				Yes	Pharmacy : myMatrix x - ESI Phone: 866-672-2482	3/10/20	5/10/20	
UMO-11 CA	2/7/20	Certified		Voltaren Gel 1%	#1	0	No					Yes	MyMatrix x ESI Phone: 866-672-2482 Escalation	2/7/20	3/7/20	

**THERAPY**

# Utilization Review Determination Report

Claim: 040519008736 Claimant: Jonathan Shockley

Service Code	Determin. Date	Determination	Type of therapy	Other Therapy Desc	Type of Visits	Total # Visits	Visits / Week	Total Weeks	Prior Approved by Corvel	Body Part / Diagnosis	Facility	Provider	Net Tx. Req.	Net Tx. Details	Eff. Date	End Date	Determination Notes
UMO-34 CA	11/20/20	Non-Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited			6	0	0		Multiple Neck Injury, Right - Upper Arm, Left - Upper Arm, Right - Lower Arm/					11/20/20	11/20/21	Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb
UMO-30 CA	9/17/20	Certified	Other 97113-- Unlimited	Aquatic Therapy	Preoperative	6	0	0		Left - Elbow, Right - Elbow, Right - Wrist(s) & Hand(s), Left - Wrist(s) & Hand(s)/			Yes	One Call PT / OCM	9/17/20	3/17/21	
UMO-25 CA	7/21/20	Non-Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preoperative	12	0	0		Left - Hand, Right - Hand, Right - Wrist, Left - Wrist, Left - Lower Arm, Right - Lower Arm/			No		7/21/20	7/21/21	

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**Utilization Review Determination Report**  
**Claim: 040519008736 Claimant: Jonathan Shockley**

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UMO-21 CA	6/10/20	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0	0						Right - Lower Arm, Left - Lower Arm/		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	6/10/20	12/10/20	
UMO-12 CA	3/10/20	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0	0						Left - Hand, Right - Hand, Left - Lower Arm, Right - Lower Arm, Right - Wrist, Left - Wrist/ M70.832		Yes	v	3/10/20	9/10/20	
UMO-10 CA	2/7/20	Certified	Other 97124-- Unlimited	Massage Therapy	Preo perat ive	6	0	0	0						Multiple Upper Extremiti es/		Yes	One Call Phone: 866-389- 0211 Fax: 904- 998-0299	2/7/20	8/7/20	
UMO-8 CA	12/6/19	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	6	0	0	0						Left - Hand, Right - Hand/ M70.832, M70.831		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	12/6/19	6/6/20	
UMO-6 CA	11/4/19	Certified	Other 97124-- Unlimited	Massage therapy	Preo perat ive	6	0	0	0						Left - Hand, Right - Hand/		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	11/4/19	5/4/20	



# Utilization Review Determination Report

Claim: 040519008736 Claimant: Jonathan Shockley

UMO-6 CA	11/4/19	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited	Hand Therapy	Preo perat ive	12	0	0	Left - Hand, Right - Hand/ Hand/	Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	11/4/19	5/4/20	
UMO-4 CA	5/1/19	Certified	Other 97003-- Unlimited,97110 -- Unlimited,97112 -- Unlimited,97530 --Unlimited	Hand Therapy	Preo perat ive	6	1	6	Right - Hand, Left - Hand/ M79.641, M79.642	Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	5/1/19	11/1/19	
UMO-3 CA	4/22/19	Non-Certified	Other	Hand therapy		0	0	0	Insufficie nt Info to Properly Identify-- Unclassifi ed/	No				RFA Deferral
UMO-1 CA	3/11/19	Certified	Other	Hand therapy, Evaluatio n and treatme nt	Preo perat ive	12	2	6	Right - Hand/ Hand/	No		3/11/19	9/11/19	

## TESTING

Service Code	Determ. Date	Determination	Type of Test	Other Testing Desc	Type of Contrast	Body Part/ Diagnosis	Facility	Provider	Net Tx. Req.	Net Tx. Details	Eff. Date	End Date	Determination Notes
UMO-15 CA	4/1/20	Certified	MRI		Plain	Multiple Neck Injury/ M70.832			No		4/1/20	10/1/20	
UMO-2 CA	4/22/19	Certified	Other	Ergonomic Evaluation at Workplace	N/A	Right - Hand, Left - Hand/			No		4/19/19	10/19/19	

## DME

Service Code	Determ. Date	Determination	Type of Equipment	Rental/ Purchase	If Rental, Duration	Body Part/ Diagnosis	Facility	Provider	Net Tx. Req.	Net Tx. Details	Eff. Date	End Date	Determination Notes
UMO-5 CA	5/9/19	Certified	Voice Generated System	Purchase		Hand, Multiple Upper			Yes	Per Adjuster	5/9/19	11/9/19	Voice Generated System

**Utilization Review Determination Report**  
**Claim: 040519008736 Claimant: Jonathan Shockley**

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**CONSULT**

Service Code	Determ. Date	Determination	Type of Consult	Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
U00-24 CA	6/23/20	Certified	Surgical consult for bilateral elbows				No		6/23/20	12/23/20	